iHealth Lab Inc.

Address 719 N. Shoreline Blvd Mountain View, CA 94043, USA Telephone 1-650-265-8459 Email jeff@ihealthlabs.com

Authority to Act as Agent

| Date: <u>2015-1-25</u> | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| American Certifica 6731 Whittier Ave: Suite C110 McLean, VA 2210 | nue | |
| To Whom It May 0 | Concern: | |
| Eddy Zong authorized to act or Body, Inc. (ACB). | from SGS-CSTC Standards Tec n our behalf, until otherwise not | chnical Services (Shanghai) Co., Ltd is ified, for applications to American Certification |
| Section 5301 of the | e Anti-Drug Abuse Act of 1988, | eral benefits, that includes FCC benefits, pursuant to 21 U.S.C. 862. Further, no party, as defined in 47 hial of federal benefits, that includes FCC benefits. |
| Thank you, | | |
| By: | (Signature) | <u>Jeff_Li</u> |
| Title: | Vice President | |
| On behalf of: | iHealth Lab Inc. (Company Name) | |
| Telephone: | +1-650-265-8459 <u></u> | |

¹ - Must be signed by applicant contact given for applicant on the FCC site, or by the authorized agent if an appropriate authorized agent letter has been provided. Letters should be placed on appropriate letterhead.