

DoC

We,

(legal entity within the US, such as importer or manufacturer)

Company Name: Good Way Technology Co., Ltd.
 Address: 3F, No. 135, Ln. 235, Baociao Rd., Sindian Dist.,
 Postal/Zip: 231 City: New Taipei City State/Province: _____ Country: Taiwan
 Contact Person: Mr. Ms. Name: Alex Hsieh Function: Director
 Email: Alex_Hsieh@goodway.com.tw Web: _____ Phone: 886-2-8919-1200 EXT. 355 Fax: 886-2-8919-1220

declare for the equipment identified by:

Product Description Power Monitor Switch
 Type or Model(s) TD1200Z1
 Tradename or Brand(s) Good Way

that:

This device complies with Part 15 of the FCC Rules.

Operation is subject to the following two conditions:

- (1) **this device may not cause harmful interference, and**
- (2) **this device must accept any interference received, including interference that may cause undesired operation.**

The following documents are subject to this declaration:

Test Firm or Laboratory: <u>Cerpass Technology Corporation</u>	Test Report Number: <u>TEFI1209111</u>	Date of issue: <u>Oct. 03, 2012</u>

Attestation:

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
<u>New Taipei City, Taiwan</u>	<u>2012/11/05</u>	<u>Alex Hsieh</u>	<u>Supervisor</u>	