



WE BRING CYCLING TO LIFE.

Saris Cycling Group Inc.
Phone: (608) 274-6550

5253 Verona Road

Madison, Wisconsin 53711
Fax: (608) 277-2870

Attn: Director of Certification


Authority to Act as Agent

I appoint Arnold C. Rowe to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American TCB, still resides with (applicant name and address) . .

Dated this **02nd** day of **September, 2008**.

Agency Agreement Expiration Date: (Typically 8-12 months)

By:  **Ed Watson**
(Signature) (Print name)

Title: **Sr. Electronic Engineer**

On behalf of: **Saris Cycling Group Inc**
(Company Name)

Telephone: **608-274-6550**