

Declaration of Authorization

We Name: Address: City: Country:	Bioness Neuromodulatio 19 Ha'haroshet street, P Ra'anana 43654 Israel	n Ltd A Bioness Inc Company .O.Box 2500
Declare that:		
Name Representati Agent Company nan Address: City: Country	ne: Hermon La	aboratories Ltd. Industrial Zone
Is authorized to apply for Certification of the following product(s):		
Product description:NESS L300 Plus Thigh RF Stimulation Unit Type designation:T-RFS Trademark:NESS L300 Plus		
on our behalf.		
Date:	06/21/2011	
Name:	Eyal Lasko (2)	
Function:	Project manager	
Signature:		

Notes:

(1): Required for FCC application

(2): For FCC it must be the Grantee Code "owner" or the authorized agent.