Declaration of Authorization

We Name: Address: City: Country:	19 Ha'harosl Ra'anana 43	uromodulation Ltd A Bioness Inc Company het street, P.O.Box 2500 3654
Declare that:		
Name Representative of agent: Agent Company name: Address: City: Country		Hermon Laboratories Ltd. Harakevet Industrial Zone Binyamina 30500 Israel
is authorized to apply for Certification of the following product(s):		
Product description: Patient Programmer (PP) Type designation: ST2-5110 Trademark: StimRouter TM		
on our beha f .		
Date:	June 24, 2012	2
Name:	Eyal Kayton (2)	
Function:	HW\SW manager	
Signature: (

Notes:

(1): Required for FCC application

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