Declaration of Authorization

We Name: Address: City: Country:	300 Applewoo Concord, Onta	nc. (Corporate Headquarters), od Crescent, Unit 1, ario L4K 5C7
Declare that:		
Name Representativ Agent Company nan Address: City: Country	ne:	Hermon Laboratories Ltd. Harakevet Industrial Zone Binyamina 30500 Israel
Is authorized to apply for Certification of the following product(s):		
Product description: Type designation: Trademark:		
On our behalf.		
Date:	August 30, 20	10
Name:	Dudi Magen ⁽²⁾	
Function:	HW&RF Group Manager	
Signature:	J.	

Notes:

(1): Required for FCC application

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