Number: **CF302** Version: **V05** Date: 21-05-2012

DoC

Company Name:										
Address:	_	76, Ligon	St., Beitou I							- 147
Postal/Zip:	112		City: Taipei			ate/Province:		Country:	-	an
Contact Person:	\boxtimes	_	/ls. Name:			Function:		Senior Manager		04400004
Email:	Lawrence	e_Yu@pe	gatroncorp.c	om Web:	Phone:	886-2-81439	001 ex33147	Fax:	886-2	-81439001
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Product Descripti		IP Set-								
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Attestation:

In addition to our declaration above, we also will ensure to label the equipment with the FCC logo, the name of the manufacturer and model number, as required by the FCC rule part 15.19.

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
Taipei Taiwan	2015/01/06	Lawrence Yu	Senior Manager	Lauren