

## Declaration of Authorization

We

Name: Biodevices, Sistemas de Engenharia Biomédica, SA  
Address: Rua 5 de Outubro  
City: 4100-175 Porto  
Country: Portugal

Declare that:

Name Representative of agent: Mr. Miguel Soares<sup>(1)</sup>  
Agent Company name: QMSC Lda  
Address: Largo Eng.º Antonio de Almeida 70, sala 407  
City: 4100-065 Porto  
Country: Portugal

is authorized to apply for Certification of the following product(s):

Product description: Vital signs monitoring system  
Type designation: HWM  
Trademark: Vital Jacket

on our behalf.

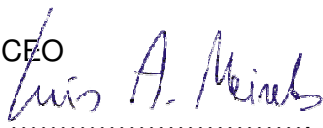
Date: 2/6/2008

City: Porto

Name: Luís Meireles<sup>(2)</sup>

Function: CEO

Signature: .....



Notes:

(1): Required for FCC application

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