

## **Authority to Act as Agent**

Date: Jan-4-2020

TUV Rheinland of North America, Inc. 1279 Quarry Ln., Ste. A Pleasanton, CA 94566

To Whom It May Concern:

I appoint <u>TUV Rheinland</u> to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in the FCC or Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by TUV Rheinland Group, still resides with:

OrthoSensor, Inc. Suite A-310, 1855 Griffin Rd, Dania Beach, FL 33004

For TCB applications, We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits.

Thank you,

Agency Agree	ement Expiration Date: <u>Jan-4-2021</u>		
Ву:	(Signature)	(Print	MASTROTOTA RC name)
Title:	Chief Operating Officer Telephone:	(954) 571	1-7 <u>776</u>
On behalf of:	Orthosensor The (Company Name)		