

(On manufacturer's company letter heading)

## **Declaration of Authorization**

Name: Address: City: Country:	Instant Care, Inc. 2080 Wineridge PL. Suite A Escondido, CA 92029,		
Declare that:			
Name Representativ Agent Company nan Address: City: Country	ne: C N Ta	aphne Liang <sup>(1)</sup> ompliance certification Services Inc. o.8,Jiu Cheng Ling, Jiaokeng Village, Sinhua Dist.,712, ainan City aiwan R.O.C	
is authorized to appl	/ for Certification	of the following product(s):	
•	319UTX-SL	iversal Transmitter PCB	
on our behalf.			
Date:	10/11/23		
City:	San Diego		
Name:	Richard Darling		
Function:	CEO		
Signature:	Ruhl	Que de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya del la companya de	

Notes:

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

## Revision Record Sheet:

Revis	on Section number	Page number	Date	Remark(s)	issued by
02		1	02-01-2023	History sheet added	AG

Issued/modified by : Axel Gase Function : Quality Manager

Revision : 02

Date : 02-01-2023

Verified by : Willem Jan Jong
Function : Team Lead
Date : 02-01-2023

Released by : Axel Gase

Function : Manager Quality Assurance

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