

DoC

We,

(responsible party must be a legal entity registered within the U.S., see [FCC rule part 2.909 \(2\)](#), must a U.S. address, such as importer or local manufacturer)

Company Name: Shenzhen NED Optics Co . , LTD.

Address: Rm W101 , 1/F , West Block , PKU-HKUST SZ-HK Institution , No 15 , Gaoxinnan 7th Rd , Nanshan District , Shenzhen , P.R.China

Postal/Zip: _____ City: Shenzhen State/Province: Guangdong Country: China

Contact Person: Mr. Ms. Name: XueBingtao Function: manager

Email: xuebingtao@nedoptics.com.cn Web: _____ Phone: 15919441085 Fax: _____

declare for the equipment identified by:

Product Description	<u>Personal Theater</u>
Type or Model(s)	<u>G1</u>
Tradename or Brand(s)	<u>GOOVIS</u>

that:

This device complies with Part 15 of the FCC Rules.

Operation is subject to the following two conditions:

- (1) this device may not cause harmful interference, and**
- (2) this device must accept any interference received, including interference that may cause undesired operation.**

(if the DoC test reports are available at this moment, please cross item a below)

a). The following test reports, issued by an FCC accredited Laboratory, are subject to this declaration:

Testing Laboratory name:	City and Country:	Lab accreditation Number:	Test Report Number:	Date of issue:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(if no DoC test report is available at this moment, then if you agree with the statement made in item b below, please cross item b below)

b). DoC testing is pending at this moment, but will execute and finish the required DoC testing in an FCC accredited Laboratory *before* marketing the device in the U.S. The following Accredited Test Firm will complete DoC testing:

Accredited Test Firm or Laboratory name, City and Country:

WH Technology Crop. Taipei, Taiwan

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)
<u>Shenzhen,China</u>	<u>2017-06-29</u>	<u>XueBingtao</u>	<u>manager</u>	