

## Declaration of Authorization

We

Name: ONYX Healthcare Inc.  
Address: 2F, No.135, Lane235, Pao chiao Rd., XINDIAN DIST.,  
City: New Taipei City  
Country: Taiwan

Declare that:

Name Representative of agent: Vincent Lin  
Agent Company name: DEKRA Testing and Certification Co., Ltd.  
Address: No.5-22, Ruishukeng, Linkou Dist.,  
City: New Taipei City 24451,  
Country: Taiwan, R.O.C.

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

**Product Name:** Fanless Medical Grade Box PC  
**Model:** xxxMEDPC-6200xxxxxxxxx ( Where "x" can be 0 to 9, a to z, A to Z, "-" or blank)  
**FCC ID:** RZ5-MEDPC-6200  
**Trademark:** onyx

on our behalf.

This is valid until **2018/10/20**, or until FCC and IC certification are completed, whichever comes sooner.

Date: 2017/10/20

City: New Taipei City

Name: Andrew Wang

Function: Manager

Signature:

