## **Declaration of Authorization**

We Name: Address: City: Country:	19 Ha'harosh Ra'anana 430	romodulation Ltd A Bioness Inc Company net street, P.O.Box 2500 654
Declare that:		
Name Representative of agent: Agent Company name: Address: City: Country		Hermon Laboratories Ltd. Harakevet Industrial Zone Binyamina 30500 Israel
is authorized to appl	y for Certification	on of the following product(s):
Type designation: H2W-5A00		00 Wireless Hand Rehabilitation System-Wireless Orthosis
on our behalf.		
Date:	10/10/2012	
Name:	Eyal Kayton	(2)
Function:	HW/SW mana	ager
Signature:		

Notes:

(1): Required for FCC application

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