

Declaration of Authorization

We Name: Address: City: Country:	Qisda Corporation NO.157, SHAN-YING ROAD, SHAN-TING LI, GUEISHAN DIST., Taoyuan 333 Taiwan
Declare that:	
Name Representative Agent Company nark Address: City: Country	•
is authorized to apply for Certification of the following product(s):	
Product description: Type designation: Trademark: Validity/ expiry date	Diagnostic Ultrasound System UH100Qisda
on our behalf.	
Date:	October 20 2015
City:	New Taipei City
Name:	Tom CK Lung ⁽²⁾
Function:	Product Regulatory
Signature:	Tow. cf Lung

Notes:

(1): Required for FCC application

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