



## AGENCY AUTHORIZATION

I herewith authorize

**MP CONSULTING, LLC**  
**501 W. COLFAX ST.**  
**PALATINE, IL 60067**

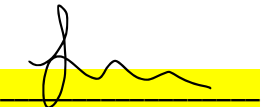


to act on our behalf in all matters relating to the application for authorization of the equipment

**FCC ID: 2AFPT-CUE020, IC ID: 22224-CUE020, PROXFINITY CUE™ 2.0**

at the Federal Communications Commission (FCC) and Industry Canada (IC) and according to the applicable FCC and IC rule parts.

We confirm that we are aware of the responsibilities of applicants / grantees related to the authorization of the identified equipment, including those applying for the period after the authorization has been granted and that those responsibilities still reside with us (**PROXFINITY, INC.**).

by / on:  / 13-JUL-2020  
(signature / date)

**LISA CARREL**  
(print name)

title: **CEO, CO-FOUNDER**

on behalf of: **PROXFINITY, INC.**  
(company name)

Telephone & Email: (312) 933-2552 | [lisa@proxfinity.com](mailto:lisa@proxfinity.com)