

## Company Letter

### Authority to Act as Agent

Date: 2021-01-04

TUV Rheinland Group  
762 Park Avenue  
Youngsville, NC 27596

To Whom It May Concern:

I appoint TUV Taiwan to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in the FCC or Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by TUV Rheinland Group, still resides with PROTECH SYSTEMS Co.,Ltd / No.24, Lane 365, Yang Guang Street, Nei Hu District, Taipei 114, Taiwan R.O.C

For TCB applications, We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits.

Thank you,

Agency Agreement Expiration Date: Permanent

|              |   |                                |           |              |                        |
|--------------|---|--------------------------------|-----------|--------------|------------------------|
| By           | : | <u>Calvin Lin</u>              |           | Calvin Lin   |                        |
|              |   | (Signature)                    |           | (Print Name) |                        |
| Title        | : | <u>Engineer</u>                | Telephone | :            | <u>886-2-8751-1111</u> |
| On behalf of | : | <u>PROTECH SYSTEMS Co.,Ltd</u> |           |              |                        |
|              |   | (Company Name)                 |           |              |                        |