File FCC ID: 2AQSN-DCPMTR300

Please upload an exhibit that explains how does the TCB verify the new agent information:

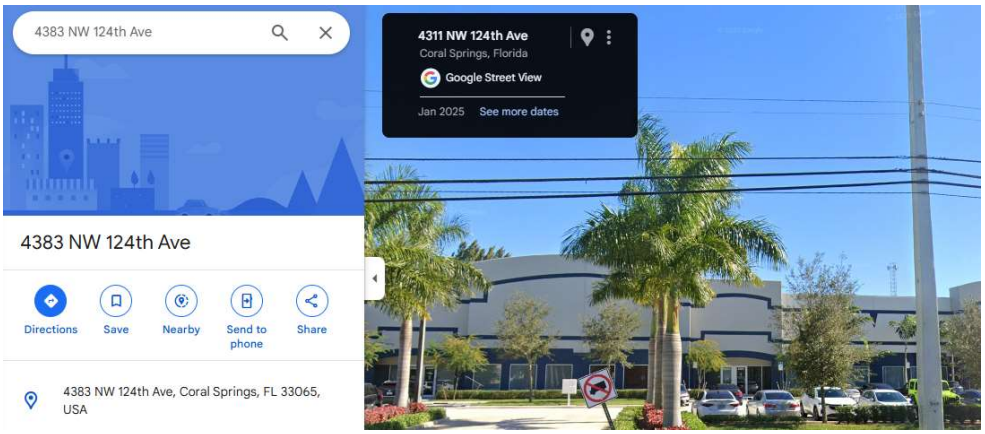
1- Is the address of the agent a valid physical US mailing address (not a US post office box, not a virtual mailbox, not P.O. Boxes, not a vacant lot, not a public building, etc.)

- We have checked if the address exists in a real and potential building (Google maps) + official US register, after this verification and the evidence below we can guarantee the following:
  - ☑ not a US post office box
  - ☑ not a virtual mailbox
  - ☑ not P.O. Boxes
  - ☑ not a vacant lot
  - ☑ not a public building(note)

► We checked the FCC FRN Search based on the information provided by the grantee.

Registration Detail	
FRN:	0022250401
Registration Date:	12/06/2012 09:52:00 PM
Last Updated:	07/25/2025 09:51:03 AM
Entity Name:	Dals Lighting USA Inc.
Entity Type:	Private Sector , Corporation
Contact Organization:	Dals Lighting USA Inc.
Contact Position:	Technology Specialist
Contact Name:	Mr Alexandre Morin
Contact Address:	4383 NW 124 Avenue Coral Springs Florida 33065 United States
Contact Email:	amorin@dals.com
ContactPhone:	+1-450-430-1818
ContactFax:	+1-450-430-1850

Google:



4383
4381
Google

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

DALS LIGHTING USA INC.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

4383 NW 124 AVENUE

Requester's name and address (optional)

6 City, state, and ZIP code

CORAL SPRING , FL, 33065

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

3 0 – 0 9 3 9 1 0 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** _____ **Date** June 27 2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

► **<u>CONCLUSION by TCB:</u> The ASOP defined and provided by grantee is VALID and confirmed. Therefore the exhibit "US Agent for Service of Process LETTER OF ATTESTATION 2AQSN-DCPFMM12" included in the file is ok.**

2- Is the agent physically located at that valid US address such that the agent can be legally served at that address?

☑ Yes , check above

3- Has the listed agent clearly agreed in writing to serve as the agent for the grantee at that address?

☑ Yes, it is included in the exhibit "US Agent for Service of Process LETTER OF ATTESTATION 2AQSN-DCPFMM12"

[DALS Lighting, Inc] certifies that, as of the date of this filing of the application with the TCB, [DALS Lighting USA Inc.] is our designated US agent for service of process for the above referenced FCC ID. [DALS Lighting, Inc] accepts to maintain an agent for no less than one year after the grantee has terminated all marketing and importation or the conclusion of any commission related proceeding involving equipment. [DALS Lighting USA Inc.] accepts, as of the date of the filing of the application, the obligation of the designated US agent for service of process for the above reference FCC ID.

The US Agent for Service of Process is aware of and agrees to comply with the requirements outlined in the FCC Equipment Authorization Program, Report and Order FCC 22-84, and clause § 2.911.
The Applicant is aware of and agrees to comply with the requirements outlined in the FCC Equipment Authorization Program, Report and Order FCC 22-84, and clause § 2.911.

Date: 2025/9/16

Applicant's Name: Alexandre Morin	**US Agent's Name:** Alexandre Morin
Title: Smart Home and Technology Specialist	**Title:** Smart Home and Technology Specialist
Signature	**Signature**