

Applicant: Chillax Care Limited
Address: Room118, Flat A, 8/F, William Industrial Building 23-25 Ng Fong Street,
San Po Kong, Kowloon Hong Kong
Tel: +86 (852) 96911998
Fax: +86 (852) 96911998
Email: dl@5gencare.com

Part68 Authorization

Date: 2025-08-14

Subject: Agent Authorization

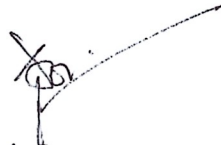
To whom it may concern:

We, **Chillax Care Limited**, the undersigned, Hereby authorizes Bay Area Compliance Laboratories Corp. (Shenzhen) to act on its behalf in all matters relating to application for Equipment authorization, including the signing of all documents relating to these matters. All acts carried out by Bay Area Compliance Laboratories Corp. (Shenzhen) on our behalf shall have the same effect as our own action.

This authorization is valid until further written notice from the applicant.

Sincerely Yours,

Signature:

A handwritten signature in black ink, appearing to be 'DL' with a long, sweeping horizontal stroke extending to the right.

Printed Name: Doris Lum

Title: Administration Officer