

Local Representative Letter
For Certification Service in the USA

Federal Communications Commission

Equipment Authorization Division, Application Processing Branch
7435 Oakland Mills Road
Columbia, MD 21048

To whom it may concern

Pursuant to Section 2.911(d)(7), of the Commission's Rules (47 C.F.R.) we attest as follows for the product listed below:

FCC ID	Model name
2BNHS-GC1201	GC1201,GC1202, GC2201, GC2202, GC2301, GC2302, GC4101, GC4201,GC4301, GC4401

We hereby acknowledge as follows:

- both signees confirm that the point of contact accepts responsibility to act as a US-American Representative on behalf of the applicant
- the point of contact provides the physical U.S. address and email as listed below
- both parties maintain the requirements of this agreement for no less than one year after the grantee has terminated all marketing and importation or the conclusion of any Commission-related proceeding involving the equipment.

US-American Point of Contact

Applicant/Approval Holder



Signature Date: 2025-3-10



Signature Date: 2025-3-10

Company Name: HOORAY INDUSTRY LLC

FRN: 0033926106

Contact Name: Cindy Wu

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Regional Commission
Regional Authority District
1401 Johnson Road
Columbia, MD 21046

To whom it may concern
Reference is made to the Commission's Rules (C.R.) and the subject listed below

For the purpose of this document, the subject listed below

Subject Name: [Name]
Subject Address: [Address]
Subject City: [City]
Subject State: [State]
Subject Zip: [Zip]

My name and knowledge as follows:

I, [Name], do hereby certify that the above information is true and correct to the best of my knowledge and belief. I am a resident of the State of [State] and am qualified to provide this information. I am not a party to the matter and have no financial interest in the outcome. I am providing this information for the purpose of the Commission's Rules (C.R.) and the subject listed below.

US Address: [Address]
US Address: [Address]

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Commission Name: [Name]
Commission Address: [Address]

Commission City: [City]
Commission State: [State]
Commission Zip: [Zip]

Commission Name: [Name]
Commission Address: [Address]

Commission City: [City]
Commission State: [State]
Commission Zip: [Zip]

Commission Name: [Name]
Commission Address: [Address]