

Declaration of Authorization

We

Name: Given Imaging Inc.
 Address: 15 Hampshire Street,,.....
 City: Mansfield MA 02048.....
 Country: USA

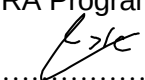
Declare that:

Name Representative of agent:⁽¹⁾
 Agent Company name: Hermon Laboratories Ltd.....
 Address: Harakevet Industrial Zone
 City: Binyamina 30500.....
 Country: Israel

is authorized to apply for Certification of the following product(s):

Product description: Bravo System
 Type designation: Bravo Reflux Capsule
 Trademark: NA.....
 Validity/ expiry date: October 28, 2021

on our behalf.

Date: November 4, 2020
 City: Yokneam
 Name: Avishag Metzger⁽²⁾
 Function: RA Program Manager.....
 Signature: 

Notes:

(1): Required for FCC application

(2): For FCC it must be the Grantee Code "owner" or the authorized agent.