



**Nice SpA**  
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### Authority to Act as Agent

Date: **2018/11/16**\_\_\_\_\_

American Certification Body, Inc.  
6731 Whittier Avenue  
Suite C110  
McLean, VA 22101

To Whom It May Concern:

**IMO** is authorized to act on our behalf, until otherwise notified, for applications to American Certification Body, Inc. (ACB).

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: **12 months**

By: \_\_\_\_\_  
(Signature<sup>1</sup>)

**Enrico Campion**  
(Print name)

Title: **Laboratory Manager**

On behalf of: **Nice S.p.A.**  
(Company Name)

Telephone: **+39 0422 85383**

<sup>1</sup> - Must be signed by applicant contact given for applicant on the FCC site, or by the authorized agent if an appropriate authorized agent letter has been provided. Letters should be placed on appropriate letterhead.