

Attestation Statements

(2024.10.22)

TO: Federal Communications Commission
Authorization and Evaluation Division
7435 Oakland Mills Road
Columbia, MD 21046, USA

RE: Attestation Statements Part 2.911(d)(7) request for (RZ5-MA10W1)

(ONYX Healthcare Inc.), the undersigned, hereby authorize (ONYX Healthcare USA Inc) to act as our designated U.S. agent for service of process, (ONYX Healthcare 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 the equipment.

(ONYX Healthcare USA Inc.) accepts the responsibility to act as designated U.S. agent for service of process.

Applicant Information:

Company name: ONYX Healthcare Inc.
Contact Name: Andrew Wang
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Signature



Andrew Wang

U.S. Agent Information:

Company Name: ONYX Healthcare USA Inc.
Address: 324 West Blueridge Avenue Orange, CA 92865, United States
FRN: 0027114818
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Signature

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