



Declaration of Authorization

We

Name: ONYX Healthcare Inc.
Address: 2F, No.135, lane235, Pao Chiao Rd. Hsin-Tien Dist,
City: New Taipei City,
Country: Taiwan, ROC.

Declare that:

Name Representative of agent: Vincent Lin
Agent Company name: DEKRA Testing and Certification Co., Ltd.
Address: No.5-22, Ruishukeng, Linkou Dist.,
City: New Taipei City 24451,
Country: Taiwan, R.O.C.

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

Product Name: Mobile Medical Assistant Tablet
Model: xxxONYX-MD116xxxxxxxxxx(Where "x" is 0~9, A~Z, "-" or blank)
FCC ID: RZ5-MD116
Trademark: onyx

on our behalf.

This is valid until 2018.07.20, or until FCC and IC certification are completed, whichever comes sooner.

Date: 2017.07.20
City: New Taipei City,
Name: Andrew Wang
Function: Manager
Signature:

A handwritten signature in black ink, appearing to read "Andrew Wang", written over a dotted line.