

Declaration of Authorization

We

Name: ONYX Healthcare Inc.
Address: 2F, No.135, Lane 235, Pao chiao Rd., XINDIAN DIST.,
City: New Taipei City
Country: Taiwan

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: Fanless Medical Grade Box PC
Model: xxxMEDPC-6200xxxxxxxxx (Where "x" can be 0 to 9, a to z, A to Z, "-" or blank)
FCC ID: RZ5-MEDPC-6200
Trademark: onyx

on our behalf.

This is valid until **2018/10/20**, or until FCC and IC certification are completed, whichever comes sooner.

Date: 2017/10/20
City: New Taipei City
Name: Andrew Wang
Function: Manager

Signature:

