

1200 Starkey Rd. #105 Largo, FL 33771 U.S.A. 888-392-1234 • 727-584-9600

Fax: 727-584-9602

Nemko North America, Inc. 303 River Road, Ottawa, Ontario, Canada K1V 1H2

Attn: Director of Certification

## Authority to Act as Agent for FCC and ISED application

On our behalf, I appoint **Spencer Zhong** of **Nemko Canada, Inc.** at 303 River Road, Ottawa, Ontario, Canada K1V 1H2, to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in FCC and in ISED Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

In signing this letter, Applicant certifies that neither the applicant nor any party to the application is not subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. 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.

We also declare that the information provided to the FCC is true and correct to the best of our knowledge (47 CFR 2.911(d)) and we have been informed of the grantee responsibilities (47 CFR 2.909) with regard to certified equipment.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for certification, as specified by Nemko Canada Inc, still resides with MedRx, Inc. 1200 Starkey Rd. #105; Largo, FL 33771 U.S.A.

Dated: December	26, 2023		
Agency agreement expiration date:		2024-12-26 *Up to 12 months	
Signed by:	Signature	Cabel Sparkman	
		Print name	



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President	
Title	
737-584-9600	
Phone	
MedRx, Inc.	
Company name	

On behalf of: