



340 N Main St., Ste 300  
Plymouth, MI 48170

January 22<sup>nd</sup>, 2024

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:

FCC ID: 2A8H7-LB300-6000  
FRN: 0032807414

**Perigon Health 360, LLC**, the undersigned, hereby authorize **Jacob Wright** to act as our designated U.S. agent for service of process. **Perigon Health 360, LLC** 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.

**Jacob Wright** accepts the responsibility to act as designated U.S. agent for service of process, provides 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.

**Applicant Information:**

**Company name:** Perigon Health 360, LLC  
**Contact Name:** Jacob Wright  
**Address:** 340 N Main St. Ste 300, Plymouth, MI 48170  
**Telephone No:** 844-311-4181  
**Email:** engineering@perigonhealth.org

**U.S. Agent Information:**

**Company Name:** Perigon Health 360, LLC  
**Address:** 340 N Main St. Ste 300, Plymouth, MI 48170  
**Contact Name:** Jacob Wright  
**Telephone No:** 844-311-4181  
**Email:** engineering@perigonhealth.org

Sincerely,

Jacob Wright  
**Senior Director of Product Development | Perigon Health 360**  
**Mobile:** (215)264-3824  
**Address:** 340 North Main Street, Suite 300 – Plymouth, MI 48170  
**Email:** [jake@perigonhealth.org](mailto:jake@perigonhealth.org)

A handwritten signature in black ink, appearing to read "Jacob Wright".