



UVLrx Therapeutics Inc.
640 Brooker Creek Blvd.
Suite 455
Oldsmar, FL 34677
USA

Attn: Director of Certification

Authority to Act as Agent

I appoint Jeremy Pickens 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 Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

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 TIMCO, still resides with UVLrx Therapeutics Inc.

Dated this 6th day of May, 2015.

Agency Agreement Expiration Date: December 31st, 2015

By:

A handwritten signature in blue ink, appearing to read "Scot Johnson". It is written over a horizontal line and includes the text "(Signature)" below it.

Scot Johnson
(Print name)

Title: Program Manager

On behalf of: UVLrx Therapeutics Inc.

Telephone: 844-885-7979

Email: pm@uvlrx.com