

Declaration of Authorization

We

Name: MOCACARE Corporation
Address: 887 Federation Way, Palo Alto, CA 94303

Declare that:

Name Representative of agent: Vincent Lin
Agent Company name: QuieTek Corporation
Address: No.5-22, Ruishukeng, Linkou Dist., New Taipei City 24451, Taiwan, R.O.C.

is authorized to act as our agent for the following equipment certification, including the signing of all documents relating to these matters.

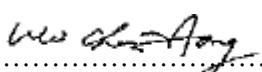
Product Name: Automatic Wrist Blood Pressure Monitor
Model: MOCACuff
FCC ID: 2AFQC22102158LD

Date: 10/28/2016

City: ...Taipei.....

Name: ...Wei Chen Hong⁽¹⁾

Function: ...CEO

Signature: 

Notes:

(1): For FCC it must be the Grantee Code "owner" or the authorized agent.