Number: CF302 Version: V04

Date: 22-09-2011



| We | , |
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| | |

| Company Name: | Value | Platforms L | .imited | | | | | | | |
|---|-------------------------------|---|--|------------------------------------|-----------------------------------|-----------|-------------------|------|------|-----------|
| Address: | Rm 21 | 13-214, Sino | Industrial Pl | aza, 9 Kai | i Cheung R | oad, | | | | |
| Postal/Zip: Contact Person: | | | y: Kowloon B Name: Joe F | | State/Prov | vince: | Function: | | , | Hong Kong |
| Email: | joe.fur | ng@valuepl | atforms.com | Web: | | Phone: +8 | 852 2832 8537 | Fax: | +852 | 2119 9029 |
| Product Description Type or Model(s) Tradename or Bra | | Set Top B M603-001 N.A. | ox | | | | | | | |
| Operation (1) this do (2) this do | n is su evice r evice r | bject to the nay not cau nust accep | Part 15 of the following two see harmful it any interferse undesired | vo condit nterferer ence rec | tions: nce, and eived, incl | uding | | | | |
| b). DoC test | | | | | | | | | | |
| Accredited Test F | | , | | | | | | | | |

Attestation:

In addition to our declaration above, we also will ensure to label the equipment with the FCC logo, the name of the manufacturer and model number, as required by the FCC rule part 15.19.

Attestation:

| City and Country: | Date: | Name: (this must be a person) | Function: | Signature: (or official company stamp) |
|---------------------------|------------|----------------------------------|-------------------|---|
| Kowloon Bay, Hong Kong | 2015-12-23 | Joe Fung | Operation Manager | 第4年台 |