

Declaration of Authorization

We Name: Address: City: Country:	< Shanghai Sunmi Technology Co.,Ltd.> Room 505,No.388,Song Hu Road,Yang Pu District,Shanghai,China. Shanghai	
Declare that:		
Name Representativ Agent Company nan Address: City: Country	•	Gao Hongning
is authorized to apply for Certification of the following product(s):		
•	Handheld Wireless Terminal T8F1B SUNMI	
on our behalf.		
Date:	2025.02.11	
City:	Shanghai	
Name:	Fang Lu ⁽²⁾	
Function:	Certification Manager	
Signature:	Foung Lu.	

Notes:

^{(1):} Required for FCC application

^{(2):} For FCC it must be the Grantee Code "owner" or the authorized agent.