(On manufacturer's company letter heading)

Declaration of Authorization

N A	/e ame: ddress: ity: ountry:	Taiwan Biophotonic Corporation 4F-1,No.6-1,Sec.2,Shengyi Rd.,Zhubei City Hsinchu County Taiwan,R.O.C.	
D	eclare that:		
Name Representative of agent: Agent Company name: Address: City: Country			Willis Chen ⁽¹⁾ SGS Taiwan Ltd. No. 134, Wu Kung Road New Taipei City Taiwan
is authorized to apply for Certification of the following product(s):			
Type designation:		oCare Wrist-worn Pulse Oximeter Pro 100 tBPC	
on our behalf.			
Da	ate:	***************************************	
Ci	ity:	Hsinchu County	
N	ame:	ne: Jyh-Chern Chen ⁽²⁾	
Function: F		President	
Si	anature:	Juh-a	hern Chen

Notes:

(1): Required for FCC application

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