

## US Agent for Service of Process LETTER OF ATTESTATION

**TO:**  
**Office of Engineering Technology**  
**Federal Communications Commission**  
**7435 Oakland Mills Road**  
**Columbia, MD 21046**

**US Agent for Service of Process:**

Company Name: GP Acoustics (US) Inc.  
FRN: 0036955144  
Contact Name: Stephanie Scola  
Address: 10 Timber Lane Marlboro, NEW JERSEY 07746, USA  
Telephone No: 732-683-2356  
Email: stephanie.scola@kef.com

**Applicant:**

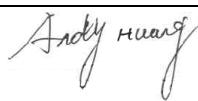
Company name: GANZHOU DEHUIDA TECHNOLOGY CO., LTD.  
Product Description: Portable bluetooth speaker  
Grantee code: 2AO5X  
FCC ID: 2AO5X-MUO  
FRN: 0027301803  
Contact Name: Andy Huang  
Address: Dehuida Science and Technology Park, Huoyanshan Road, Anyuan District, Ganzhou City, Jiangxi Province 342100 China  
Telephone No: 0755-89803788  
Email: andy.huang@dehuida.com

GANZHOU DEHUIDA TECHNOLOGY CO., LTD. certifies that, as of the date of this filing of the application with the TCB, [GP Acoustics (US) Inc.] is our designated US agent for service of process for the above referenced FCC ID. GANZHOU DEHUIDA TECHNOLOGY CO., LTD. accepts to maintain an agent for no less than one year after the grantee has terminated all marketing and importation or the conclusion of any commission related proceeding involving equipment. [GP Acoustics (US) Inc.] accepts, as of the date of the filing of the application, the obligation of the designated US agent for service of process for the above reference FCC ID.

The US Agent for Service of Process is aware of and agrees to comply with the requirements outlined in the FCC Equipment Authorization Program, Report and Order FCC 22-84, and clause § 2.911.

The Applicant is aware of and agrees to comply with the requirements outlined in the FCC Equipment Authorization Program, Report and Order FCC 22-84, and clause § 2.911.

**Date: 2025-05-23**

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| <b>Applicant's Name:</b><br><b>Andy Huang</b>  | <b>US Agent's Name:</b><br><b>Stephanie Scola</b>   |
| <b>Title:</b> General Manager  | <b>Title:</b> Senior Vice President   |
| <b>Signature:</b><br> | <b>Signature:</b><br> |