

To: Federal Communications Commission,
Authorization & Evaluation Division,
7435 Oakland Mills Road,
Columbia, MD. 21046

Attention: Application Examiner / Review Engineer

Subject: Request for a Change in Identification per Section 2.933 of the FCC Rules

We, **Persona Medical**, request to apply for a new FCC ID as established in 47CFR 2.933(b) for a currently approved device. This application will establish a new FCC ID: **2AOWB-OPA**.

Per 2.933(b)

1. The original identification is FCC ID: **2ADKC-WHD**
2. The original grant date is **11/18/2015**
3. The equipment is electrically identical. There is no change in design, circuitry or construction.
4. The original test results are applicable and representative of this changed device.
5. Exterior photographs are included in this application.

The following files are electronically submitted as attachments:

- Cover Letter
- External Photos
- User manual

Sincerely,



Name: Christine Delgado
Title: Certification Admin / Agent for Persona Medical
Date: April 23rdth, 2018