



21 May 2025

CMR Surgical Ltd  
1 Evolution Business Park  
Milton Road  
Cambridge  
CB24 9NG  
UNITED KINGDOM

**U.S. Agent Designation for Service of Process**

**ATTENTION:** Federal Communications Commission  
Authorization and Evaluation Division  
7435 Oakland Mills Road  
Columbia, MD 21046 USA

**REGARDING:** FCC Certification – Section 2.911(d)(7) Information

**Designated U.S. Agent**

Company Name: Approve-IT, Inc.  
Contact Name: Nathan Grinager  
Street Address: 8011 34<sup>th</sup> Ave South, Suite 342  
City/Province/Zip: Bloomington, MN 55425  
Telephone No: 651-247-1678  
Email: [team@approve-it.net](mailto:team@approve-it.net)  
FRN #: 0027533835

This letter is to confirm that we ("the Designated U.S. Agent) have accepted the responsibility to act as the Designated U.S. Agent for Service of Process as required by section 47 CFR 2.911(d)(7) on behalf of the **Applicant** noted below.

**U.S. Agent Signature:**

A handwritten signature in black ink, appearing to read "Nathan Grinager".

*Electronically signed by: Nathan Grinager*  
Reason: As one of the approvers for this document, I approve this document for release  
Date: May 27, 2025 11:38 CDT

**Date:**

**Signed by (Printed Name/Title): Nathan Grinager / Co-President**

The Applicant confirms its explicit consent and acknowledges that they must maintain an agent for no less than one year after terminating all marketing and importation OR the conclusion of any Commission-related proceeding involving the equipment. The applicant further acknowledges their responsibility to inform the FCC whenever the Designated U.S. Agent information above changes.

Registered Address: CMR Surgical Ltd, 1 Evolution Business Park, Milton Road, Cambridge, CB24 9NG.

Document number

**cmrsurgical.com**

**Applicant**

Company name: CMR Surgical Ltd  
Grantee FRN: 0030112320  
FCC ID: 2ASDBMA-0382  
Contact Name: Alessandro Agosti  
Street Address: 1 Evolution Business Park, Milton Road  
City/Province/Zip: Cambridge, CB24 9NG  
Telephone No: +44 7541686571  
Email: fcc.grant@cmrsurgical.com

**Applicant Signature:**

Date:

*Alessandro Agosti*

*Electronically signed by:  
Alessandro Agosti  
Reason: As one of the approvers  
for this document, I approve this  
document for release  
Date: May 28, 2025 07:01 GMT+1*

**Signed by (Printed Name/Title):**

Alessandro Agosti

Head of QA