

Attestation Statement

4/10/2024

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

RE: Attestation Statements Part 2.911(d)(7) request for 2ATMT-MAHC01. (FRN: 0028491363)

Devicor Medical Products Inc.'s, Mammotome, the undersigned, hereby authorize Devicor Medical Product Inc.'s, Mammotome to act as our designated U.S. agent for service of process. Devicor Medical Product Inc.'s, Mammotome 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 the equipment.

Devicor Medical Products Inc.'s, Mammotome accepts the responsibility to act as designated U.S. agent for service of process, provides 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 the equipment.

Applicant Information:

Company name: Devicor Medical Products, Inc., Mammotome
Contact Name: Jamie Edenberg
Address: 300 E Business Way Fifth Floor, Cincinnati, OH 45241
Telephone No: 763-381-1832
Email: Jamie.edenberg@mammotome.com

U.S. Agent Information:

Company Name: Devicor Mammotome Products, Inc.
Address: 300 E Business Way Fifth Floor, Cincinnati, OH 45241
Contact Name: Jack Cummings
Telephone No: 513-205-1196
Email: jack.cummings@mammotome.com

Applicant Signature: 
Jack Cummings (Apr 11, 2024 15:45 EDT)

Applicant printed name: Jack Cummings

Agent Signature:
(if the agent is different from the applicant)
Agent printed name:

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