



## FCC Confidential Authorization

**2021/01/13**

FEDERAL COMMUNICATIONS COMMISSIONS  
Authorization and Evaluation Division  
7435 Oakland Mills Road  
Columbia, MD 21046

Subject: Confidentiality Request regarding application for certification of  
FCC ID: 2AYNX-SOLOS1

In accordance with Sections 0.457 and 0.459 of the Commission's Rules, *Solos Health Analytics, Inc.* hereby requests long-term confidential treatment of information accompanying this application as outlined below:

- Block Diagram
- Schematics
- Operation Description

As well as short-term confidential (45 days) treatment of information accompanying this application as outlined below:

- Internal Photos
- User's Manual
- External Photos
- Test Set-up Photos

The above materials contain proprietary and confidential information not customarily released to the public. The public disclosure of these materials provides unjustified benefits to its competitors in the market.

Sincerely,

A handwritten signature in blue ink that reads "James P Curley".

James P Curley / CFO  
Solos Health Analytics, Inc.  
3919 Vierra Street, Pleasanton, CA 94566, USA

**\*Item 18: Section 5301 (Anti-Drug Abuse) Certification:**

The applicant must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a "party" for these purposes.

Does the applicant or authorized agent so certify?

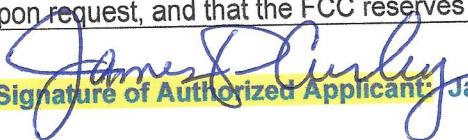
Yes  No

**\*Item 19: Application/Agent Certification:**

I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto are true and correct to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by the TCB, under the authority of the FCC, as a result of the representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements.

Authorizing an agent to sign this application is done solely at the applicant's discretion; however, the applicant remains responsible for all statements in this application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable the agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

  
**\*Signature of Authorized Applicant:** James P Curley

**Title of Authorized Signature: CFO**

**Complete items below if an agent signs the application:**

Firm Name:

First Name:	Middle Name:	Last Name:
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Line 1:

Line 2:

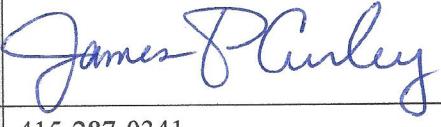
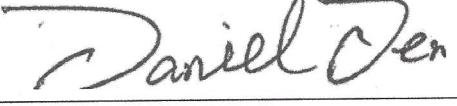
P.O Box:	City:	State:	Country:	Zip Code:
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Tel :	Ext.	Fax:	E-mail:
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**\*Item 20. Required Submission Exhibits: (please send with completed form)**

User's Manual.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
Tech Manual.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
Labeling Requirements.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
Block Diagram(s).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
Schematic(s).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
Circuit Description.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
Antenna Information.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	
FCC Authorization Form.....	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
Confidentiality Justification Letter.....	<input type="checkbox"/> Yes	<input type="checkbox"/> NA	
PC II Description of Changes Letter.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	<input type="checkbox"/> NA
Parts List (Licensed Products) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	<input type="checkbox"/> NA
Tune-Up Procedure (Licensed Products)	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reference Project	

**ALL FIELDS BELOW MUST BE FILLED OUT COMPLETELY**

	<b>Applicant</b>	<b>Certification Body</b>
<b>Company:</b>	Solos Health Analytics, Inc.	Bay Area Compliance Laboratories Corp.
<b>Address:</b>	3919 Vierra Street, Pleasanton, CA 94566, USA	1274 Anvilwood Avenue Sunnyvale, California, 94089 USA
<b>Agent (If applicable)</b>		
<b>Company:</b>		
<b>Address:</b>		
<b>Printed Name:</b>	James P Curley	Daniel Deng
<b>Signature:</b>		
<b>Phone:</b>	415-287-0341	(408) 732 9162
<b>Email:</b>	jim.curley@solosanalytics.com	danield@baclcorp.com
<b>Title:</b>	CFO	Product Certification Manager
<b>Date:</b>	13 January 2021	The date of client signature shall be considered to be the date of BACL representative's signature and the effective date of this agreement.