



## Declaration of Authorization

We

Name: iCare Diagnostics International Co. Ltd.  
Address: 15F., NO. 207-3, SEC. 3, BEIXIN RD., XINDIAN DIST.,231  
City: NEW TAIPEI CITY  
Country: Taiwan

Declare that:

Name Representative of agent: Kevin Tsai <sup>(1)</sup>  
Agent Company name: Compliance Certification Services Inc.  
Address: No. 11. Wugong 6th Road  
City: New Taipei City  
Country: Taiwan

is authorized to apply for Certification of the following product(s):

Product description: iCareDx PSS-1  
Type designation: PSS-1  
Trademark: iCare Diagnostics  
Validity/ expiry date: 2021/12/31

on our behalf.

Date: .....

City: New Taipei City

Name: Edward Liu <sup>(2)</sup>

Function: Director

Signature: A handwritten signature in black ink, appearing to read "Edward Liu".

Notes:

(1): Required for FCC application

(2): For FCC it must be the Grantee Code "owner" or the authorized agent.