

Local Representative Letter  
For Certification Service in the USA

**Federal Communications Commission**  
Equipment Authorization Division, Application Processing Branch  
7435 Oakland Mills Road  
**Columbia, MD 21048**

**To whom it may concern**

Pursuant to Section 2.911(d)(7), of the Commission’s Rules (47 C.F.R.) we attest as follows for the product listed below:

FCC ID	Model name
2BOHWAUTOTQ	AutoTQ

We hereby acknowledge as follows:

- i. both signees confirm that the point of contact accepts responsibility to act as a US-American Representative on behalf of the applicant
- ii. the point of contact provides the physical U.S. address and email as listed below
- iii. both parties maintain the requirements of this agreement 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.
- iv. An expiration date for this letter does not exist. In case the U.S. agent changes, the grantee is obligated to notify the FCC within 30 days via the granting TCB.

	US-American Point of Contact	Applicant/Approval Holder
	Signature : 	Signature: 
	Signature Date: 2025-5-12	Signature Date: 2025-5-12
Company Name:	Golden Hour Medical, Inc.	Golden Hour Medical, Inc.
FRN:	0036851459	0036851459
Contact Name:	Hannah Herbst	Hannah Herbst
Address:	6590 W Rogers Cir. Suite 4 Boca Raton Florida 33487 United States	6590 W Rogers Cir. Suite 4 Boca Raton Florida 33487 United States
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