



Orthosoft Inc. dba Zimmer CAS  
75 Queen Street, Suite 3300  
Montreal, Quebec, Canada  
H3C 2N6  
Tel: 514.861.4074  
Fax: 514.866.2197  
[www.zimmerbiomet.com](http://www.zimmerbiomet.com)

Nemko Canada Inc  
303 River Road  
Ottawa, Ontario, Canada  
K1V 1H2

Attn: Director of Certification

**Authority to Act as Agent FCC**

On our behalf, I appoint Jenny Gibbs of Nemko USA, Inc. 2650 FM 407, Suite 255P, Bartonsville, TX 76226, to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in FCC regulations will have affixed to it a label identical to that submitted for approval with this application.

In signing this letter, Applicant certifies that neither the applicant nor any party to the application is not 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.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for certification, as specified by Nemko Canada Inc, still resides with Zimmer CAS, 75 Queen Street, Suite 3300, Montreal, Quebec, Canada, H3C 2N6.

**Date** 26-févr.-2021 | 11:40:45 EST

**Agency agreement expiration date:**

**26 February 2022**

**By:**

 DocuSigned by Emmanuel Gaillard  
Emmanuel Gaillard J'aprouve ce document  
26-févr.-2021 | 11:40:27 EST  
485F53AB70744F598A8A  
**Signature**

**Emmanuel Gaillard**

**Printed**

**Title:** *System Design Associate Manager*

On behalf of :

**Orthosoft Inc. dba Zimmer CAS**

**Telephone:**

**1-514-861-4074 x237**