

## Declaration of Authorization

We

Name: ASUSTeK COMPUTER INC.  
Address: 4FL., No. 150, Li-Te Rd., Peitou, Taipei, Taiwan, R.O.C.  
City: .....  
Country: .....

Declare that:

Name: QuieTek Corp.  
Address: Fl.2, No.345, Xin-hu 2<sup>nd</sup> Rd., Nei-hu District  
City: Taipei  
Country: Taiwan R.O.C.

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

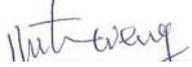
Product description: Mobile Clinical Assistant C5.....  
Type designation: CFT-001.....  
Trademark: Motion Computing Incorporated

on our behalf.

Date: .....2007/05/14.....

City: ..... Taipei.....

Name: ..... Peter Weng .....

Signature: .....  .....