

## **Philips Medical Systems North America Co. Agent Authorization**

**Company: Philips Medical Systems North America Co.**

**Address: 3000 Minuteman Road Andover, MA 01810-1099 USA**

**Product Name: Access Point**

**Model Number(s): ITS867216A**

**Product Description: Access Point**

We authorize MiCOM Labs Inc., 575 Boulder Court, Pleasanton, California 94566, USA, to act on our behalf on all matters concerning the certification of above named equipment.

We declare that MiCOM Labs Inc. is allowed to forward all information related to the approval and certification of equipment to the regulatory agencies as required and to discuss any issues concerning the approval application. Any and all acts carried out by MiCOM Labs on our behalf shall have the same effect as acts of our own.

**Signature:** Delroy Smith **Date:** 2023.01.03

**Name:** Delroy Smith

**Title:** \_\_\_\_\_

**Company:** Philips Medical Systems North America Co.