



Declaration of Authorization

We

Name: ONYX Healthcare Inc.
Address: 2F, No.135, Lane235, Pao chiao Rd., XINDIAN DIST.,
City: New Taipei City 231
Country: Taiwan

Declare that:

Name Representative of agent: Vincent Lin
Agent Company name: DEKRA Testing and Certification Co., Ltd.
Address: No.5-22, Ruishukeng, Linkou Dist.,
City: New Taipei City 24451,
Country: Taiwan, R.O.C.

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

Product Name: Fanless Medical Grade Box PC

Model: xxxMEDPC-6200xxxxxxxxx (The x can be 0 to 9 , a to z , A to Z , "-" , or blank for marketing purpose)

FCC ID: RZ5-MEDPC-6200-A

Trademark: onyx

on our behalf.

This is valid until **2018/12/04**, or until FCC and IC certification are completed, whichever comes sooner.

Date: 2017/12/04

City: New Taipei City 231

Name: Andrew Wang

Function: Manager

Signature:

A handwritten signature in black ink, appearing to read "Andrew Wang". The signature is fluid and cursive, with a long horizontal stroke at the end.