



## 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:** VistaHub Wifi only

**Model:** VISTAHUB-WIFI

**FCC ID:** RZ5-VISTAHUB-WIFI

**Trademark:** VitalConnect

on our behalf.

This is valid until **2018/12/06**, or until FCC and IC certification are completed, whichever comes sooner.

Date: 2017/12/06

City: New Taipei City 231

Name: Andrew Wang

Function: Manager

Signature:

A handwritten signature in black ink that reads "Andrew Wang". The signature is written in a cursive, flowing style.