

## Statement of Authorization

**Company:** IVOCLAR VIVADENT, INC.  
**Address:** 175 PINEVIEW DRIVE, AMHERST, NEW YORK 14228  
**Product:** ODYSSEY 2.4G DENTAL DIODE LASER  
**Type Designation:** CLASS A

We authorize TUV Rheinland of North America, Inc., 1279 Quarry Lane Suite A, Pleasanton, CA 94566, USA, to act on our behalf on all matters concerning the above named equipment.

This shall include the following:

- Testing
- Approval applications and procedures
- Payment of approval fees

We declare that TUV Rheinland of North America, Inc., 1279 Quarry Lane Suite A, Pleasanton, CA 94566, USA, is allowed to forward all information related to the approval project to the applied notified body and to the notification entities and to discuss any issues concerning the approval application.

**Name:** Donna M. Hartnett

**Date:** April 7, 2005

**Title:** Director of QA/Regulatory Aff

**Place of issue:** Amherst, New York

A handwritten signature in black ink, appearing to read 'Donna M. Hartnett', written over a horizontal line.

**Signature and seal of applicant**