



CORFLO Enteral Access Devices  
PULMANEX Airway Management Devices  
STACKHOUSE Surgical Systems

## AUTHORIZATION

FCC Authorization & Evaluation Division  
7435 Oakland Mills Road  
Columbia, Maryland 21046

Ladies and or Gentlemen:

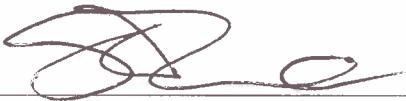
I appoint Brian J. Mattson or Arnom C. Rowe to act as agent in the preparation of applications under Part 15 of the Rules and Regulations of the Federal Communications Commission. I certify that the exhibits properly describe the device being submitted under this application and will implement any changes described in the test report.

The following statement is required by the Federal Communications Commission: By checking yes, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853(a), or, in the case of an non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section.

YES  NO

Dated this 4<sup>th</sup> day of August 2008

Agency agreement expiration date: None

By 

Signature

Shawn C. Puryear  
Printed

Title SENIOR ENGINEER - PRODUCT DEVELOPMENT Telephone (847)403-3400

Applicant \_\_\_\_\_

**VIASYS MedSystems**

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