

LECAT'S VENTRIOSCOPE, LLC.

1098 MAPLE STREET, TALLMADGE, OH 44278
330-535-7219

Attn: Director of Certification

Authority to Act as Agent

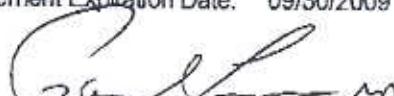
I appoint Sandi McEnery, John Livingston and Stephen Sawyer of US Tech to act as our agents in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American TCB, still resides with Lecat's Ventrioscope, LLC, 1098 Maple Street, Tallmadge, OH 44278.

Dated this 9th day of September, 2008.

Agency Agreement Expiration Date: 09/30/2009

By:


(Signature)

Dr. Paul Lecat, MD

(Print name)

Title:

On behalf of: Lecat's Ventrioscope, LLC.
(Company Name)

Telephone: ~~FAX~~ 330-535-7219
PHONE (330) 634-0201