



Date: April 18, 2018

Federal Communications Commission
Authorization & Evaluation Division
7345 Oakland Mills Road
Columbia, Maryland 21046

Re: Agent Authorization

To Whom It May Concern,

I, **Tony Heleine** of **Roche Diabetes Care**, the listed contact for Grantee Code **WX3**, authorize **David Chandler, Sr. R&D Engineer at Roche Diabetes Care, Inc.** to act on my behalf as my agent to include required signatures on cover letters for certification.

We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits

Thank you,

By: **Tony Heleine**
Print Name

A handwritten signature in blue ink, appearing to read "Tony Heleine", written over a horizontal line. Below the line, the word "Signature" is printed.

Signature

Title: **Principal R&D Engineer**

On behalf of: **Roche Diabetes Care, Inc.**
Company

Phone: **317-521-3404**