(On manufacturer's company letter heading)

Declaration of Authorization

Address: City:	Victoria	oration den St Kilsyth 3137
Declare th	at:	
Name Representative of agent: Agent Company name: Address: City: Country		
is authoriz	ed to apply	for Certification of the following product(s):
Product de Type desi Trademarl	gnation:	LINX
Validity/ expiry date		
on our bel	nalf.	
Date:		12/04/2017
City:		Victoria
Name:		James Luke ⁽²⁾
Function:		ENGINIZER
Signature:		Mh

Notes:

^{(1):} Required for FCC application

^{(2):} For FCC it must be the Grantee Code "owner" or the authorized agent.