



Attn: Director of Certification

Authority to Act as Agent

I appoint Dr. Valdis V. Liepa to act as our agent 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 Certification Body, still resides with **QOLSYS INC. 20111 STEVENS CREEK BLVD. SUITE 280 CUPERTINO, CA 95014**

Agency Agreement Expiration Date: (optional)

Dated this 30^d day of April, 2014.

By:

A handwritten signature in black ink, appearing to read "M.S." followed by a cursive line.

(Signature)

Mark Skeen

Title: VP Life Safety & Compliance

email: mark.skeen@qolsys.com

On behalf of: Qolsys Inc.

Telephone: 408-857-8415

Fax:



Federal Communications Commission
Applications Processing Branch
7435 Oakland Mills Road
Colombia, MD 21046

Re: Letter of Agency for FCC Compliance Testing

Please be advised that **QOLSYS INC.** authorizes Dr. Valdis V. Liepa of the University of Michigan, Department of Electrical Engineering and Computer Science, Ann Arbor, Michigan, to act on our behalf in front of the Federal Communications Commission with respect to all matters relating to certification.

Anti-Drug Abuse Certification:

I further certify that no party (as defined in 1.2002 of CFR47, 1992) to this application, including myself, is 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).

Dated this 30 day of APRIL, 2014.

By:

A handwritten signature in black ink, appearing to read "M SKEEN". It is positioned above a solid horizontal line, with the name "MARK SKEEN" printed to its right. Below the signature line, the words "(Signature)" are printed in parentheses.

MARK SKEEN

Title: VP LIFE SAFETY & COMPLIANCE

email: MARK.SKEEN@QOLSYS.COM

On behalf of: QOLSYS INC.

Telephone: 408-857-8415

Fax: