Number: CF302 Version: V03

Date: 22-08-2011

DoC

We,										<b>D</b> 00			
Company Name:	Social Mobile Telecommunications												
Address:	16400	NW 21	nd Ave Suite	#201,									
Postal/Zip:	City: Miami					State/Province:	FLORIDA	Country:	USA				
Contact Person:	$\boxtimes$	Mr.	Ms. N	ame: Free	ddy Morcos			Function:	SVP				
Email:	freddy(	@socia	almobilecell	ular.com	Web:	Pho	ne:	786 657 6508	Fax:	786 657 6508			
declare for the e	equipm	ent id	entified by	:									
Product Description		GSI	GSM mobile phone										
Type or Model(s)		FB	201C										
Tradename or Brand(s) ROAM, Social													
that:	hat: This device complies with Part 15 of the FCC Rules.  Operation is subject to the following two conditions:												
(1) this device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.													
(if the DoC test repo	rts are av	rail able	at this mom-	ent, please o	cross item a bel	ow)							
							, ar	e subject to this	declaration:				
Accredited Test Firm or Laboratory name:				Test R	Test Report Number:				Date of issue:				
Compliance Certification Services Inc.				T140318N04-D-1			April 23,	2014					
(if no DoC test repor	t is availa	able at t	his moment,	then if you a	gree with the st	tatement made in i	tem	b below, please cros	s item b below)				
								equired DoC test Test Firm will con					
Accredited Test Fi	irm or La	aborato	ory name:										

## Attestation:

In addition to our declaration above, we also will ensure to label the equipment with the FCC logo, the name of the manufacturer and model number, as required by the  $\underline{FCC}$  rule  $\underline{part}$  15.19.

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
USA	June 24, 2014	Freddy Morcos	SVP	Therm mand