

Power of Attorney

Name of model type of the Specified Radio Equipment: 2ACQNAMM002
Applicant's company name: SIGMATEK GmbH & Co KG
Applicant's company address: Sigmatekstraße 1
5112 Lamprechtshausen
AUSTRIA
Applicant's name: Andreas Stegbuchner
Date and Applicants Signature: 04.09.2014
Job Title and Department: Functional Safety Manager, FSM

I hereby authorize the following person or company as a representative and all rights regarding the application to obtain Type Certification for the Specified Radio Equipment (mentioned above) are delegated.

Applicant's company name: EMV TESTHAUS GmbH
Applicant's company address: Gustav-Hertz-Straße 35
94315 Straubing
GERMANY
Applicant's name: Christian Kiermeier
Date and Applicants Signature: 04.09.2014
Job Title and Department: Laboratory Manager

This authorization is valid until further written notice from SIGMATEK GMBH & CO KG.

With best regards



Andreas Stegbuchner
SIGMATEK GMBH & CO KG