

Declaration of Authorization

We Name: Address: City: Country:	Siklu Communication Ltd. 43 HaSivim street
Declare that:	
Name Representative Agent Company name Address: City: Country	ve of agent:
is authorized to apply for Certification of the following product(s):	
	Point-to-Multipoint wireless V-band Link
on our behalf.	
Date:	January 15, 2017
City:	Petach Tikva
Name:	Yaron Fein ⁽²⁾
Function:	VP R&D
Signature:	iklu Communication Ltd

Notes:

(1): Required for FCC application

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

