## **Declaration of Authorization**

We Name: Address: Country:	TriplePlus Ltd. 5 Hamada street, Yokneam 2069200 Israel
Declare that:	
Name Representativ Agent Company nan Address: City: Country	re of agent:
is authorized to apply for Certification of the following product(s):	
-	Shut off unit of Water leakage security system NWL-SHLF12-6-01, NWL-SHLF34-6-01 NWLVLV
on our behalf.	
Date:	October 12, 2015
City:	Yokneam
Name:	Itzik Marchand (2)
Function:	COO
Signature:	1. Marchand

Notes:

(1): Required for FCC application

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