## **FCC Authorization Letter**

Number: **CF304** Version: **V03** Date: 01-08-2011

We,

(the approval holder)

Company name Auston Health Co., Ltd.

8F-8, No.6, Lane 180, Section 6 Minquan East Road,

City Taipei,

Country Taiwan, R.O.C.

declare that the following representative (agent):

Name (person) Jason Zhou

Company name Shenzhen HUAK Testing Technology Co., Ltd.

Address F1-008, Tai Yi Building, No.1, Haicheng West Road, Xixiang Street, Bao'an District,

City Shenzhen

Country China

is hereby authorized to apply the following equipment for certification on our behalf:

Product Description Nuvi

Type or Model(s) X7

Tradename or Brand(s) N/A

We also authorize Teleconformity (Mr. M. Koop, Manager Certification, Address: Rietven 31, 7534NH Enschede, the Netherlands) to apply and sign this application for certification, registration or filing on our behalf (as representative agent or certifier).

## Attestation:

City and Country:	Date:	Name: (this must be a person)		Signature: (or official company stamp)
Taipei, Taiwan, R.O.C.	Feb. 27,2017	William Sung	Manager	Nillon Surg