



FCC Authorization Letter

Number: **CF304**

Version: **V03**

Date: 01-08-2011

We,

(the approval holder)

Company name **EVERYWAY MEDICAL INSTRUMENTS CO., LTD.**
Address **3FL., NO.5, LANE155, SEC.3, BEISHEN RD., SHENKENG DIST,**
City **NEW TAIPEI CITY,**
Country **TAIWAN, R.O.C.**

declare that the following representative (agent):

Name (person) **Jet Lee**
Company name **Jointech International Co.,Ltd.**
Address **1F, No.1, LN637, Chungcheng Rd. Chunghe Dist**
City **New Taipei**
Country **Taiwan, R.O.C.**

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

Product Description **Wireless TENS & EMS Unit**
Type or Model(s) **EM-5200**
Tradename or Brand(s) **EVERYWAY**

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)	Function:	Signature: (or official company stamp)
New Taipei city Taiwan, R.O.C.	2/20/17	Jet Lee	PM	