

Declaration of Authorization

We Name: Address: City: Country:	AVAYA 250 Sidney Street, Belleville Ontario Canada
Declare that:	
Name Representative Agent Company nar Address: City: Country	ve of agent:
is authorized to apply for Certification of the following product(s):	
Product description: Type designation: Trademark: Validity/ expiry date	J129 IP Deskphone J129 Avaya
on our behalf.	
Date:	2016/10/3
City:	Belleville Ontario
Name:	lan Hawes
Function:	Avava Regulatory Manager

Notes:

Signature:

(1): Required for FCC and IC application

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