

Attn: Director of Certification

## **Authority to Act as Agent**

preparation of t describe the de manufactured,	this application for equipervice or system for whic	ment certification h equipment ce as defined in Ind	on. I certify the certification is dustry Canad	to act as our agent in the that submitted documents properly sought. I also certify that each unit da's regulations will have affixed to n.
acknowledge tl specified by Ar	hat all responsibility for	complying with	the terms	n for certification on our behalf, I and conditions for Certification, as with <u>Radicom Research, Inc</u>
Dated this	24	day of	MAY	, 20 17 .
Ву:	Roger L. Sheridan(Signature)			<u>Roger Sheridan</u> (Print name)
Title:	QA Manage	<u>er</u>	<del></del>	
On behalf of:	Radicom Research, Inc. (Company Name)			-
Telephone:	408 383 9006			