

## **Declaration of Authorization**

We Name: Address: City: Country:	Room 505,No.: Shanghai	ınmi Technology Co.,Ltd.> 388,Song Hu Road,Yang Pu District,Shanghai,China.
Declare that:		
Name Representativ Agent Company nan Address: City: Country	ne: I	Gao Hongning
is authorized to apply for Certification of the following product(s):		
	Smart label printing scale	
on our behalf.		
Date:	2024.09.25	
City:	Shanghai	
Name:	Fang Lu	(2)
Function:	Certification Ma	anager
Signature:	Fang Lu	

Notes:

(1): Required for FCC application

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