

Authority to Act as Agent

Date: Novemb	per 30, 2024	
American Cert	ification Body, Inc.	
313 Park Aven	•	
Suite 300		
Falls Church, V	VA 22046	
To Whom It M	lay Concern:	
		_ is authorized to act on our behalf, until otherwise
notified, for ap	plications to American Certificati	on Body, Inc. (ACB).
Section 5301 o CFR 1.2002 (b	of the Anti-Drug Abuse Act of 1988), to the application is subject to d	deral benefits, that includes FCC benefits, pursuant to 88, 21 U.S.C. 862. Further, no party, as defined in 47 lenial of federal benefits, that includes FCC benefits. the FCC is true and correct to the best of our
	CFR 2.911(d)) and we have been gard to certified equipment.	informed of the grantee responsibilities (47 CFR
Thank you,		
Agency Agree	ment Expiration Date: Nove	ember 29, 2025
Ву:	(Signature)	Sam Qian (Print name)
Title:	Project Manager	
On behalf of:	Dental Imaging Technologi (Company Name)	les Corporation
Telephone:	888.883.3947	