Declaration of Authorization

We Name: Address: City: Country:	Telematics Wireless Ltd. 26 Hamelaha street, POB 1911
Declare that:	
Name Representativ Agent Company nan Address: City: Country	re of agent:
is authorized to apply for Certification of the following product(s):	
Product description: Type designation: Trademark: Validity/ expiry date	LCUN2GUS Telematics Wireless
on our behalf.	
Date:	October 10, 2017
City:	Holon
Name:	Roman Sternberg ⁽²⁾
Function:	VP marketing
Signature:	? m

Notes:

(1): Required for FCC application

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