Mammotome

Attestation Statement

8/1//2024

TO: Federal Communications Commission Authorization and Evaluation Division 7435 Oakland Mills Road Columbia, MD 21046, USA

RE: Attestation Statements Part 2.911(d)(7) request for 2ATMT-MAHCB01. (FRN: 0028491363)

Devicor Medical Products Inc.'s, Mammotome, the undersigned, hereby authorize Devicor Medical Product Inc.'s, Mammotome to act as our designated U.S. agent for service of process. Devicor Medical Product Inc.'s, Mammotome accepts to maintain an agent for no less than one year after the grantee has terminated all marketing and importation or the conclusion of any Commission-related proceeding involving the equipment.

Devicor Medical Products Inc.'s, Mammotome accepts the responsibility to act as designated U.S. agent for service of process, provides an agent for no less than one year after the grantee has terminated all marketing and importation or the conclusion of any Commission-related proceeding involving the equipment.

Applicant Information:

Company name: Devicor Medical Products, Inc., Mammotome

Contact Name: Jamie Edenborg

Address: 300 E Business Way Fifth Floor, Cincinnati, OH 45241

Telephone No: 763-381-1832

Email: Jamie.edenborg@mammotome.com

U.S. Agent Information:

Company Name: Devicor Mammotome Products, Inc.

Address: 300 E Business Way Fifth Floor, Cincinnati, OH 45241

Contact Name: Jack Cummings Telephone No: 513-205-1196

Email: jack.cummings@mammotome.com

Applicant Signature:

Applicant printed name: Jack Cummings

Agent Signature:

(if the agent is different from the applicant)

Agent printed name:

300 E-Business Way, 5th Floor Cincinnati, OH 45241 Phone 513.864.9000 Fax 513.864.9011 Customer Service 877.926.2666 www.mammotome.com

Attestation Statement

Final Audit Report 2024-08-02

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