

SGS North America Inc. 620 Old Peachtree Road SUITE 100 Suwanee, Georgia 30024 United States

| Applicant Legal Business Name | OXOS Medical, Inc | | |
|-------------------------------|--|---------------|-----------------------------|
| Address | 1100 Peachtree Street Suite 700, Atlanta, GA 30309 | | |
| FRN | 0032919862 | | |
| Grantee Code | 2A8SX | FCC ID: | 2A8SX-W1 |
| Authorized Contact Name | Stephanie R. Anderson | | |
| Contact Phone | (404)401-6429 | Contact Email | stephanie.anderson@oxos.com |

I, the undersigned, certify that I am an authorized signatory for the Applicant and therefore declare;

- a) in accordance with 47CFR2.911(d), all of the statements herein and the exhibits attached hereto are true and correct to the best of my knowledge and belief.
- b) in accepting a Grant of Equipment Authorization issued by a TCB, under the authority of the FCC, as a result of the representations made in this application, the Applicant is responsible for:
 - (1) labeling the equipment with the exact FCC ID as specified in this application,
 - (2) compliance statement labeling pursuant to the applicable rules,
 - (3) compliance of the equipment with the applicable technical rules,
- c) if the Applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements.
- d) in accordance with 47 CFR 2.909 and KDB394321, the Applicant has read, understood and agrees to accept that they are the responsible party and agree to abide by their responsibilities as specified under 47 CFR 2.909 and KDB394321.
- e) in accordance with ISO 17065, FCC KDB641163, FCC KDB610077, KDB394321 and RSP-100, the Applicant has read, understood, accepts and agrees to abide by the post market surveillance requirements.
 - (1) the Applicant understands, accepts and agrees that a sample may be requested for surveillance testing.
 - (2) the Applicant shall make provisions to always have a production sample available upon request by SGS, FCC and/or ISED.
 - (3) the Applicant shall, upon request by SGS, at the Applicant's expense, provide a production sample of the requested product to SGS, FCC and/or ISED as instructed. The sample shall include all support devices, cables, software, accessories or other hardware or software required for evaluation, review, certification and audit surveillance of products certified by SGS.
- f) neither the Applicant nor any party to the application is subject to a denial of Federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862 because of a conviction for possession or distribution of a controlled substance. See 47CFR 1.2002(b) for the definition of a "party" for these purposes.
- g) the Applicant has read, understood, accepts and agrees to abide by the SGS North America, Inc.(TCB) terms and conditions.

Link to CFRs: <u>https://www.fcc.gov/wireless/bureau-divisions/technologies-systems-and-innovation-division/rules-regulations-title-47</u> Link to KDBs: <u>https://apps.fcc.gov/oetcf/kdb/index.cfm</u> Link to RSP-100: <u>https://www.ic.gc.ca/eic/site/smt-gst.nsf/eng/sf01130.html</u>

Link to the Covered List: Covered List

- [OXOS Medical, Inc] ("the applicant") certifies that the equipment for which authorization is sought is not "covered" equipment prohibited from receiving an equipment authorization pursuant to section 2.903 of the FCC rules.
- OXOS Medical, Inc] ("the applicant") certifies that, as of the date of the filing of the application, the applicant [is is not] dentified on the Covered list, established pursuant to §1.50002, as an entity producing "covered" equipment.
- [OXOS Medical, Inc] ("the applicant") certifies that the equipment for which authorization is sought does not contain cybersecurity and antivirus software produced or provided by Kaspersky Lab, Inc. or any of its successors and assignees, including equipment with integrated Kaspersky Lab, Inc. (or any of its successors and assignees) cybersecurity or anti-virus software.

| Applicant Signat | Applicant Signature: Date: | | |
|------------------|---|-----------|--|
| | Stephanie Anderson | 28APR2025 | |
| Print Name: | Stephanie R. Anderson | | |
| Title: | Sr. Quality Engineer, Verification & Validation | | |

*NOTE: This declaration cannot be signed by an Agent, it shall be signed by an authorized person listed in the FCC database