

Declaration of Authorization

We Name: Address: City: Country:	Essence Smartcare Ltd. 12 Abba Eban avenue, Ackerstein Tower Bldg. D, P.O.Box 2073 Herzliya 4612001 Israel		
Declare that:			
Name Representativ Agent Company nan Address: City: Country	_	Michael Nikishin Hermon Laboratories Ltd. Harakevet Industrial Zone Binyamina 3055001 Israel	
is authorized to apply	y for Certification	on of the following product(s):	
71 5		D-MH martcare	
on our behalf.			
Date:	October 28, 2	2018	
City:	Herzliya		
Name:	Tal Cohen		
Function:	Certification M	lanager	
Signature:			