



Attention: Application Examiner

Re: Certification designating a U.S. agent for service of process pursuant to 47 CFR part §2.911(d)(7) of the FCC rules

To whom it may concern,

This letter is to certify that Orthofix Medical, Inc. ("Applicant") accepts responsibilities to act as its own agent pursuant to 47 CFR part §2.911(d)(7) of the FCC rules for service of process. I consent to the obligation to accept service of process on behalf of the applicant in regard to the FCC ID designated below.

I HEREBY CERTIFY THAT I am authorized to make the representations above on behalf of the Applicant. I further acknowledge the requirement to maintain an agent extends for no less than one year after the termination of all marketing and importation or the conclusion of and commission-related proceeding involving the equipment and agree to immediately notify the FCC and Intertek if there is any change in the status identified above.

**Applicant**

Company Name : Orthofix Medical, Inc.  
Contact Name : Ingmar Viohl  
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Telephone No : (214) 937-2592  
Email : ingmarviohl@orthofix.com  
FCC ID : 2AHVN-OFIX-5000-002  
Applicant FRN : 0025451600

Signature: \_\_\_\_\_

Date: \_\_\_\_\_