



**TZ Medical**  
Sparked by your ideas

**To Whom It May Concern:**

**Subject: Authorization for FCC and IC submissions**

As FCC and IC registered contact for FCC/IC equipment authorization filing submissions for

**TZ Medical, Inc.**  
**17750 SW Upper Boones Ferry Rd. #150**  
**Portland, OR 97224**

and pursuant to FCC KDB852134D01 Authorized Policy Form 731 v02r03

I hereby designate the following individual / group as agent authorized to submit and to sign related technical and administrative exhibits such as cover letters, applications, attestations, confidentiality requests.

**John Moore**  
**Chris Hammond**  
**TZ Medical, Inc.**  
**17750 SW Upper Boones Ferry Rd. #150**  
**Portland, OR 97224**

**Ruther Navarro**  
**CETECOM, Inc.**  
**411 Dixon Landing Rd**  
**Milpitas, CA 95035**

A copy of this authorization will be submitted with each application for equipment authorization.

Name of registered contact: **John Moore**

Signature:

Date: May 9, 2017

