

FEELLIFE HEALTH INC.

Federal Communications Commission
Authorization and Evaluation Division
Equipment Authorization Branch
7435 Oakland Mills Road
Columbia, MD 21046

3/24/2023

U.S. Agent Designation

FEELLIFE HEALTH INC. acknowledges their consent for the following contact located in the United States to act as their agent for service of process for the equipment for which authorization is sought (FCC ID: **2BAA2-AIRFIT1**):

Name and company of U.S. agent: PAPA HEALTH INC.

Physical U.S. address of agent: CITY OF INDUSTRY, LA PUENTE, CA CITY OF INDUSTRY, CA
91744, UNITED STATES

FRN of U.S. agent: 0033568817

Email address of U.S. agent: finance5@feellife.com

PAPA HEALTH INC. acknowledges their obligation to accept service of process on behalf of FEELLIFE HEALTH INC.

FEELLIFE HEALTH INC. accepts its obligation to maintain an agent for service of process in the United States for no less than one year after either the grantee has permanently terminated all marketing and importation of the applicable equipment within the U.S., or the conclusion of any Commission-related administrative or judicial proceeding involving the equipment, whichever is later.

By signing this form, we confirm the above and that we are aware of the application requirements listed under § 2.911(d)(7).

Sincerely,



Signature

[Mandy]

[RA manager]

[FEELLIFE HEALTH INC.]



Signature

[Rita]

[Accountant]

[PAPA HEALTH INC.]