



GE Healthcare  
3000 N. Grandview Blvd.  
Waukesha, WI 53188

Attn: Director of Certification

## Authority to Act as Agent

I appoint Bill Stumpf or Arnom C. Rowe, DLS Electronics Systems, Inc. to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American Certification Body, Inc. (ACB), still resides with GE Medical Systems, LLC, 3000 Grandview Blvd., Waukesha, WI 53188.

Dated this 19<sup>th</sup> day of September, 2016.

Agreement Expiration Date: 9/19/2017

By: Gary P. Michalek 9/19/16  
(Signature and date)

Gary P. Michalek  
(Print name)

Title: Product Regulatory Compliance

On behalf of: GE Medical Systems, LLC

Telephone: (262) 548 2275