

07.08.2019

**POWER OF ATTORNEY**

Hereby we, CHISON Medical Technologies Co., Ltd., which has its office at No. 9, Xinhuihuan Road, Xinwu District, Wuxi, Jiangsu, China 214028 hereinafter referred to as "MANUFACTURER", hereby authorizes the company **Labromed Laborator SRL** (fiscal code 1012600001177) with registered office at Str. Cuza Voda 30/1, Chisinau, MD2060, Moldova, hereinafter referred to as **"Authorized Manufacturer's Representative"**:

- to represent interests of our company in all necessary state bodies and institutions for testing, registration and certification of medical equipment produced by MANUFACTURER;
- to carry out the discussions relating to testing and registration of medical equipment produced by MANUFACTURER;
- to submit all necessary documents to state bodies and institutions;
- to introduce amendments and addendum inserts into documents, to give explanations, to submit additional information;
- to obtain all necessary documents under MANUFACTURER's name;
- to receive the Registration Certificates (electronic or hard copies on paper) under MANUFACTURER's name.

This power of attorney is valid for three years from date of execution. Company CHISON Medical Technologies Co., Ltd retains the right to cancel this authorization in writing at any time.

Yours sincerely,

Signed:

Duly authorized to sign this Authorization on behalf of: CHISON Medical Technologies Co., Ltd.

Dated on: 07.08.2019

**CHISON Medical Technologies Co., Ltd.**

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