Letter of Authorization

To:

PlacidWay
9800 Mount Pyramid Ct #400,
Englewood, CO 80112,
United States
+18882966664

To Whom It May Concern,

Hereby we authorize Mediround.Corp to act as a representative on behalf of the hospital for the following scope of work:

1) Sharing information to list the hospital on the site
2) Arranging appointments between the patients and the hospital
3) To give a fast reply on the hospital's behalf

Thank you in advance for your cooperation.

Sincerely,

HANKI HONG _____(Signaure of officer in charge)

Hospital Name : SKY Dental Clinic
Officer in charge : HANKI HONG
Date : 2023.02.03