

State of Maryland, Montgomery County, Sct.

In the Office of the Clerk of the Circuit Court for Montgomery County

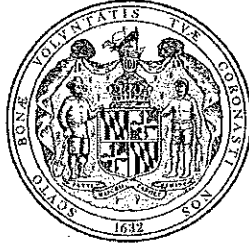
I, Barbara H. Meiklejohn, Clerk of the Circuit Court for Montgomery County, Maryland, a court of record, hereby certify that **DINNA KENCANASARI** was a commissioned/ appointed and qualified Notary Public commencing on the 27th day of April, 2018.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Circuit Court for Montgomery County this 31st day of January, 2020.



A handwritten signature in black ink, appearing to read "Barbara H. Meiklejohn", written over a horizontal line.

Barbara H. Meiklejohn
Clerk of the Circuit Court for Montgomery County



The State of Maryland

Office of the Secretary of State

This Apostille is not valid for use anywhere within the United States of America, its territories or possessions.

This Apostille does not certify the content of the document for which it is issued.

Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America
This public document
2. has been signed by **Barbara H. Meiklejohn**
3. acting in the capacity of **Clerk of the Circuit Court for Montgomery County**
4. bears the seal/stamp of the **Circuit Court for Montgomery County**

Certified

5. at Annapolis, Maryland
6. the **31st day of January, 2020**
7. by The Secretary of State of Maryland
8. **No. 508863**
9. Seal



10. Signature

A handwritten signature in cursive script, appearing to read "John C. Delaney".

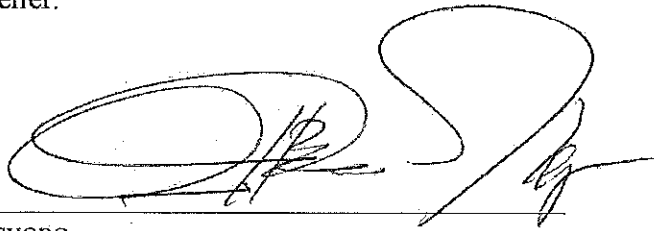
Secretary of State

CERTIFICATION

Montgomery county:

I, Budi Isyono, hereby declare that the attached document is satisfactory to the best of my knowledge and belief.

Signatory _____
Budi Isyono



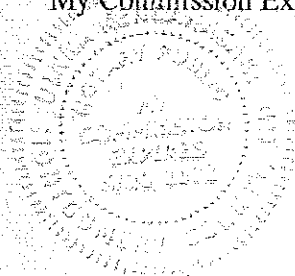
SWORN TO AND SUBSCRIBED before me, a notary public for the State of Maryland, this 31st day of January, 2020.



Dinna Kencanasari

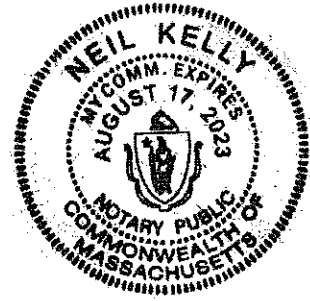
Notary public, State of Maryland

My Commission Expires May 30, 2022



mx

HOLOGIC®



Date, January, 28th., 2020

Por la presente certificamos que, en la fecha antes mencionada, , **Suministro para Uso Médico y Hospitalario, S.A. de C.V.**, con domicilio en Diagonal No. 29, Colonia del Valle, CP 03100 Benito Juarez, Ciudad de México, México, es nuestro representante **EXCLUSIVO** y por tanto está autorizado a ofrecer, vender, suministrar, proporcionar muestras y producto final, repuestos originales y servicio postventa en el territorio de México (República Mexicana, Estados Unidos Mexicanos) para los Sistemas y Dispositivos de Diagnóstico y Procesamiento de Imágenes que fabricamos, durante el periodo del 1 de Enero de 2020 al 31 de Diciembre de 2023. También certificamos nuestra obligación y compromiso de proporcionar piezas de repuesto para dichos sistemas y equipos pro al menos **CINCO (05) AÑOS** a partir de la fecha de fabricación del sistema. Para poder cumplir con su misión designada, nuestro distribuidor tiene nuestra aprobación para preparar y presentar, en su nombre y responsabilidad, las ofertas, cotización y propuestas, cartas de garantía y certificados, asistir a las ofertas y licitaciones públicas y sus eventos, como la oferta y aperturas de propuestas, sesiones de preguntas y respuestas, publicación de resultados y adjudicación de contratos, y todos los demás actos necesarios relacionados con sus funciones como distribuidores, de acuerdo con el contrato de distribución firmado entre ellos y Hologic, Inc.

We hereby certify that on the abovementioned date, **Suministro para Uso Médico y Hospitalario, S.A. de C.V.**, located at the address of Diagonal No. 29, Colonia del Valle, CP 03100, Benito Juarez, Ciudad de México, México, is **EXCLUSIVELY** authorized to offer, sell, supply, provide samples and final product, original spare parts, and provide post-sale service in the territory of Mexico (República Mexicana, Estados Unidos Mexicanos) for the Imaging and Diagnostic Systems and Devices we manufacture, for the period of January 1st, 2020, to December 31st, 2023. We also certify our obligation and commitment to provide spare parts for such systems and equipment for at least **FIVE (05) YEARS** from the date of manufacture of the system. In order to be able to accomplish their appointed mission, our distributor has our approval to prepare and present, in their name and responsibility, offers, quotations and proposals, warranty letters and certificates, attend public bids and tenders and their events such as offer and proposal apertures, questions and answers sessions, publication of results and awarding of contracts, and all other necessary acts as related to their functions as distributors, according to the distribution contract signed between them and Hologic, Inc.

Sincerely,

Sarit Shah
Regulatory Affairs Specialist
Authorized Representative/ Representante Legal

Commonwealth of Massachusetts
On this 28 day of January, 2020,
Sarit Shah
personally appeared before me, and proved to me through satisfactory evidence of identification, which were None to be the person whose name is signed on the preceding or attached document in my presence.

NEIL KELLY, Notary Public
My Commission Expires August 17, 2023

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HOLOGIC/MA



Comisión de Exports e Imports de México

On this _____ day of _____ 20____

personally appeared before me, an elected notary public, and declared that the contents of the foregoing instrument were true and correct, and that the person whose name is signed on the foregoing instrument appeared in my presence.

My Commission Expires August 17, 2028



