



DECLARATION OF CONFORMITY

1) Manufacturer (Name, department): **Brown Medical Industries**

Address: **Lake Business Park, 1300 Lundberg Drive West, Spirit Lake,
IA 51360-7246, USA**

and

2) European authorized representative: **CEpartner4U BV,**

Address: **ESDOORNLAAN 13, 3951DB MAARN, THE NETHERLANDS;**

(on product labels printed as:

CEpartner4U , ESDOORNLAAN 13, 3951DB MAARN, THE NETHERLANDS Tel.: +31 (0)6 516 536 26;

or as: CEpartner4U, 3951DB; 13. NL tel: +31 (0)6 – 516.536.26)

3) Product(s) (name, type or modellbatch number, etc.):

**- Cast & bandage covers, braces, ice therapy, shoe inserts, wound care,
compression support, fracture walker, splints, wrist support and other
see appendix**

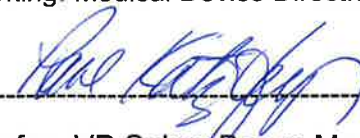
4) The product(s) described above is in conformity with:

<u>Title</u>	<u>Document No.</u>	<u>Edition / Date of issue</u>
Medical Device Directive	93/42/EEC	1993-06-14

5) Additional information (conformity procedure, Notified Body, CE certificate, etc.):

Conformity assessment procedure for CE marking: Medical Device Directive, Annex VII

Spirit Lake, USA 2011-05-24



Paul Katzfey, VP Sales, Brown Medical Industries

(Place & date of issue (yyyy-mm-dd))

(name; function and signature of manufacturer)

Maarn, NL; 2011-05 -24



Olga Teirlinck, Consultant, CEpartner4U BV

(Place & date of issue (yyyy-mm-dd))

(name; function and signature of authorized representative)