VERIFICATION OF COMPLIANCE

This Verification of Compliance is hereby issued to the product designated below.

Product  ActivBoard Touch

Model     PRM-AB688-01, PRM-AB678-01

Trade name Promethean

Applicant PROMETHEAN LIMITED
               PROMETHEAN HOUSE, LOWER PHILIPS RD,
               BLACKBURN, LANCASHIRE BB1 5TH UNITED KINGDOM

Applicable Standard(s) FCC 47 CFR PART 15 SUBPART B (Class B)

Report No. T130408E02-D

Laboratory Compliance Certification Services Inc.
               No.11, Wu-Gong 6th Rd., Wugu Industrial Park,
               New Taipei City 248, Taiwan (R.O.C.)
               http://www.ccsrf.com
               service@ccsrf.com

This device has been tested and found to comply with the stated standard(s), which is(are) required by the Federal Communications Commission. The test results are indicated in the test report and are applicable only to the tested sample identified in the report.

Gary Wu

Gary Wu / Section Manager
Wugu RF Certification Center
Date: April 15, 2013
Declaration of Conformity Documentation

The following equipment:

* Type of Product : ActivBoard Touch
* Model Number : PRM-AB688-01, PRM-AB678-01
* Brand Name : Promethean
* Report Number : T130408E02-D

is herewith confirmed to comply with the requirements of FCC Part 15 Rules. Operation is subject to the following two conditions:
(1) This device may not cause harmful interference, and
(2) This device must accept any interference received, including interference that may cause undesired operation.

The result of electromagnetic emission has been evaluated by Compliance Certification Services Inc. EMC laboratory ( TAF Lab. Code : 1309 ) and showed in the test report.

It is understood that each unit marketed is identical to the device as tested, and any changes to the device which could adversely affect the emission characteristics will require retest.

The following importer / manufacturer is responsible for this declaration:

Company Name : ____________________________________________

Company Address : __________________________________________

Telephone : __________________ Facimile : __________________

Name (Full name) : __________________ Position : ________________

Person is responsible for making this declaration:

__________________________________________
Name (Full name) Position / Title

__________________________________________
Legal Signature Date