

REF: QSP 7.9-064

DECLARATION OF CONFORMITY

Respironics, Inc

1001 Murry Ridge Lane Murrysville, PA 15668-8550, USA

Tel: 800-345-6443

Declares under our sole responsibility that the product:

| Product Name | Amara View | | |
|---------------------------------------|---------------------------------------|--|--|
| Product Part Number | 1090602 S Amara View Mask w/Hgr | | |
| | 1090603 M Amara View Mask w/Hgr | | |
| | 1090604 L Amara View Mask w/Hgr | | |
| | 1090612 S Amara View Mask w/o Hgr | | |
| | 1090613 M Amara View Mask w/o Hgr | | |
| | 1090614 L Amara View Mask w/o Hgr | | |
| | 1090662 S Amara View Mask w/HGR, INTL | | |
| | 1090663 M Amara View Mask w/HGR, INTL | | |
| | 1090664 L Amara View | | |
| Control Designator | Initial Issue Date | Part Numbers | |
| | February 13, 2015 May 4, 2015 | 1090602- 1090604, 1090612-1090614 1090662-1090664 | |
| Device Classification and Rule | Class IIa, Rule 2 | | |
| Global Medical Device | 57814 CPAP/BIPAP Face Mask Reusable | | |
| Nomenclature Code (GMDN) | | | |
| Product Options/ Accessories | None | | |

To which this Declaration relates is in conformity with the provisions of Council Directive:

1. 93/42/EEC Medical Devices Directive, as amended up to and inclusive of Council Directive 2007/47/EC

The Manufacturer is certified by TÜV SÜD Product Service GmbH to EN ISO 13485 and is also certified by Annex II-Section 3.2 of the Medical Device Directive 93/42/EEC. Copies of the Quality System certificates are available upon request.

Notified Body

TÜV SÜD Product Service GmbH
Ridlerstrasse 65
80339 München, Germany

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| Authorized EU Representative | Respironics Deutschland |
|------------------------------|---------------------------|
| • | Gewerbestrasse 17 |
| | 82211 Herrsching, Germany |
| | Tel: +49 8152 93060 |

Supplementary Information:

The products listed above have been tested in a typical configuration as described in the Manufacturer's accompanying documentation. Additionally the products listed above have been designed, manufactured, tested, and found to be compatible with the devices and accessories described by the manufacturer in the devices accompanying documentation.

| Name | Michelle Brinker | |
|-------------------|--|--|
| Title | Sr. Manager, Regulatory Affairs, Sleep and Patient Interface | |
| Signature | Wichelle Brinker | |
| Date (MM/DD/YYYY) | 5/4/2015 | |
| Place of Issue | Monroeville | |