



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AUG - 7 2006

R82 A/S  
% Snug Seat, Inc.  
Mr. Kirk MacKenzie  
President  
2801 E. Independence Boulevard  
Stallings, North Carolina 28105

Re: K061810  
Trade/Device Name: Cougar Wheelchair  
Regulation Number: 21 CFR 890.3850  
Regulation Name: Mechanical wheelchair  
Regulatory Class: I  
Product Code: IOR  
Dated: May 25, 2006  
Received: June 27, 2006

Dear Mr. MacKenzie:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

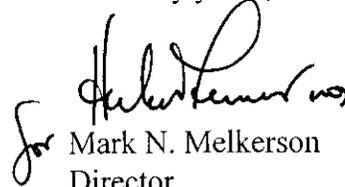
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Mr. Kirk MacKenzie

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". The signature is written in a cursive style with a large initial "M".

for Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

R82

### INDICATIONS FOR USE

510(k) Number (if known): \_\_\_\_\_

Device Name: Cougar Wheelchair

Indications For Use: The Cougar Wheelchair's intended function and use is to provide mobility to persons limited to a sitting position. The wheelchair consists primarily of an aluminum frame, large rear wheels with hand rims for propelling the wheelchair or smaller rear wheels for attendant-only use, and smaller front pivoting casters for steering and turning.

  
\_\_\_\_\_

(Signature)

Tobias Moller, Product Administrator

(Typed Name)

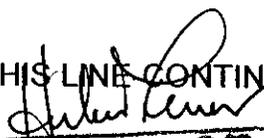
7 June 2006

(Date)

Prescription Use Yes  
(Part 21 CFR 801 Subpart D)

AND/OR Over-The-Counter Use Yes  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE CONTINUE ON ANOTHER PAGE IF NEEDED)

  
\_\_\_\_\_  
(Division Sign-Off)

Concurrence of CDRH Office of Device Evaluation (ODE)  
**Division of General, Restorative,  
and Neurological Devices**

510(k) Number K061810