

**Revocation of Attorney/Domestic Representative and/or Appointment of  
Attorney/Domestic Representative**

**Handwritten Signature**

**Signature Section:**

Signature: Elizabeth R. Michaelis  
Date: 1-14-2011  
Signatory's Name: ELIZABETH R. Michaelis  
Signatory's Position: President

**NOTE TO APPLICANT:** When filed as part of the electronic form (i.e., scanned and attached as an image file), include only the signature page (no declaration is required, nor should any other information from the actual revocation be included).

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