

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

Handwritten Signature

Signature Section:

Signature: Brad Saar

Date: 5/9/11

Signatory's Name: Brad Saar

Signatory's Position: President - Stryker Medical

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).