

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

**Handwritten Signature**

**Signature Section:**

Signature:  \_\_\_\_\_

Date: 1/16/13

Signatory's Name: WENDY TAYLOR

Signatory's Position: DIRECTOR OF OPERATIONS.

Signatory's Phone Number: (415) 508-1398.

**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).