

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

Handwritten Signature

Signature Section:

Signature:  _____

Date: 11/07/16

Signatory's Name: Mouna Aissaoui

Signatory's Position: Chief Operating Officer

Signatory's Phone Number: n/a

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).