

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

Handwritten Signature

Signature Section:

Signature: 

Date: 11/17/16

Signatory's Name: Gaukatz

Signatory's Position: Chief IP Counsel, Legal

Signatory's Phone Number: _____

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).