

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



Handwritten Signature

Signature Section:

Signature: _____

Date: 12/27/16

Signatory's Name: Daniel Bouzide

Signatory's Position: President

Signatory's Phone Number: 2487100713

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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