

Revocation, Appointment, and/or Change of Address of Attorney/Domestic Representative

Handwritten Signature

Signature Section:

Signature: _____

Date: 10/27/2017

Signatory's Name: John Payne

Signatory's Position: President and COO

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).