

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

Handwritten Signature

Signature Section:

Signature: _____

Patricia M. Whaley

Date: January 25, 2018

Signatory's Name: Patricia M. Whaley

Signatory's Position: VP, General Counsel and Secretary

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).