

## Change Address or Representation Form

### Handwritten Signature

**Signature Section:**Signature: 

Date: 3/13/2020

Signatory's Name: Scott, Robert

Signatory's Position: General Counsel

Signatory's Phone Number: 646.732.4427

**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).

The signatory has confirmed that he/she is not represented by an authorized attorney, and that he/she is either: (1) the owner/holder ; or (2) a person or persons with legal authority to bind the owner/holder; and if he/she had previously been represented by an attorney in this matter, either he/she revoked their power of attorney by filing a signed revocation with the USPTO or the USPTO has granted this attorney's withdrawal request.

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