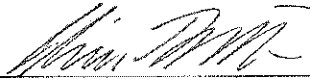


**Revocation of Attorney/Domestic Representative and/or Appointment of
Attorney/Domestic Representative**

Handwritten Signature

Signature Section:

Signature:  _____

Date: 20-Aug-12

Signatory's Name: DR. OLIVER BAERTL

Signatory's Position: GENERAL MANAGER, FREIBURG IMPLANT OPERATIONS

Signatory's Phone Number: +49 761 4512 133

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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