

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

Handwritten Signature

Signature Section:

Signature:  _____

Date: 6/10/13 _____

Signatory's Name: Marsha L. Reed

Signatory's Position: Assistant Secretary

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).