

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

Handwritten Signature

Signature Section:

Signature: _____

Date: December 18, 2014

Signatory's Name: Benjamin O. Orndorff

Signatory's Position: Director

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).

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