

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

Handwritten Signature

Signature Section:

Signature: _____

Date: 1/15/15

Signatory's Name: MICHAEL PRECOPIO

Signatory's Position: PRESIDENT

Signatory's Phone Number: 610-454-1471 ext 115

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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