Notice of Revocation of Power of Attorney

I, (name)		, of the
City of	, County of	, State of
California, revoke the power of	attorney dated	, empowering
(name(s))		, to act
as my agent. I revoke and with	draw all power and authority granted	l under that power of
attorney.		
Dated:		
	Signature of Principal	
	oliginature of i fillolipar	
	Principal	
2	ACIANOMI EDCIMENT	
of the individual who signe	ACKNOWLEDGMENT ficer completing this certificate verifies d the document to which this certificat ccuracy, or validity of that document.	The state of the s
State of California County of		
On	before me,	
personally appeared	(insert name and title	e of the officer)
is/are subscribed to the within the same in his/her/their author	s of satisfactory evidence to be the perinstrument and acknowledged to me orized capacity(ies), and that by his/he entity upon behalf of which the personal capacity.	that he/she/they executed er/their signature(s) on the
I certify under PENALTY OF I foregoing paragraph is true ar	PERJURY under the laws of the State and correct.	of California that the
WITNESS my hand and official	al seal.	Seal)
Signature		