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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(c).

I hereby appoint:

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OR

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Assignee Name and Address: Achilles Technology Management Co II, Inc.  
400 Hamilton Ave Ste 310  
Palo Alto CA, 94301

A copy of this form, together with a statement under 37 CFR 3.73(c) (Form PTO/AIA/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(c) may be completed by one of the practitioners appointed in this form, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>John Palmer</i>	Date June 24, 2016
Name	John Palmer	Telephone
Title	Chief Restructuring Officer	

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