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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number _____, granted _____ and for which a reissue patent is sought on the invention entitled _____,

the specification of which

is attached hereto.

was filed on _____ as reissue application number _____

and was amended on _____ .
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. This application was made or was authorized to be made by me.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional)	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.					
Note: To appoint a power of attorney, use form PTO/SB/81.					
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> The address associated with Customer Number: 					
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Full name of sole or first inventor (given name, family name)					
Inventor's signature				Date	
Residence				Citizenship	
Mailing Address					
Full name of second joint inventor (given name, family name)					
Inventor's signature				Date	
Residence				Citizenship	
Mailing Address					
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.					

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