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|  |                          |          |             |                           |  |          |             |                           |  |               |                       |
|--|--------------------------|----------|-------------|---------------------------|--|----------|-------------|---------------------------|--|---------------|-----------------------|
| <b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>   | Docket Number (optional) |          |             |                           |  |          |             |                           |  |               |                       |
| <p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: _____</p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Inventor</td> <td style="width: 40%; padding: 2px;">Citizenship</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Residence/Mailing Address</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Inventor</td> <td style="width: 40%; padding: 2px;">Citizenship</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Residence/Mailing Address</td> </tr> </table> <p><input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Patent Number</td> <td style="width: 50%; padding: 2px;">Date of Patent Issued</td> </tr> </table> <p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>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.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> 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.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> |                          | Inventor | Citizenship | Residence/Mailing Address |  | Inventor | Citizenship | Residence/Mailing Address |  | Patent Number | Date of Patent Issued |
| Inventor   | Citizenship              |          |             |                           |  |          |             |                           |  |               |                       |
| Residence/Mailing Address  |                          |          |             |                           |  |          |             |                           |  |               |                       |
| Inventor   | Citizenship              |          |             |                           |  |          |             |                           |  |               |                       |
| Residence/Mailing Address  |                          |          |             |                           |  |          |             |                           |  |               |                       |
| Patent Number  | Date of Patent Issued    |          |             |                           |  |          |             |                           |  |               |                       |

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Docket Number (Optional)

At least one error upon which reissue is based is described as follows:

[Attach additional sheets, if needed.]

**All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.**

I hereby appoint:

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| Name | Registration Number |
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Signature

Date

Full name of person signing (given name, family name)

Address of Assignee

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