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|--|-------|--------------------------|---------|
| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE | | Docket Number (optional) | |
| <p>I hereby declare that: The residence and mailing address of the inventor or joint inventors are stated below. Name of the Assignee:</p> <p>I am authorized to act on behalf of the assignee (if the assignee is a juristic entity). The entire title to the patent identified below is vested in said assignee, or if there are multiple assignees/owners, all assignees/owners have executed a Reissue Application Declaration to account for the entire title of the patent identified below.</p> | | | |
| Inventor | | | |
| Residence: City | State | Country | |
| Mailing Address | | | |
| City | State | Zip | Country |
| <input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto. | | | |
| Patent Number | | Patent Issue Date | |
| <p>I believe said inventor(s) to be the original inventor or original joint inventors of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention titled:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></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>The above-identified application was made or authorized to be made by me.</p> <p>I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.</p> <p>I 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> | | | |

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, a claim that the application seeks to broaden must be identified and the box below must be checked:

[Attach additional sheets, if needed.]

The application for the original patent was filed under 37 CFR 1.46 by the assignee of the entire interest.

I hereby appoint:

Practitioners associated with Customer Number:

OR

Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

The address associated with Customer Number:

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Address

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Signature

Date (Optional)

Legal name of person signing

Address of Assignee

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