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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	
	Filing Date	
	First Named Inventor	
	Art Unit	
	Examiner Name	
	Practitioner Docket Number	

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above-identified patent application, and

- all the practitioners of record;
- the practitioners (with registration numbers) of record listed on the attached paper(s); or
- the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 11.116(a)(1) | <input type="checkbox"/> 11.116(a)(2) | <input type="checkbox"/> 11.116(a)(3) |
| <input type="checkbox"/> 11.116(b)(1) | <input type="checkbox"/> 11.116(b)(2) | <input type="checkbox"/> 11.116(b)(3) |
| <input type="checkbox"/> 11.116(b)(4) | <input type="checkbox"/> 11.116(b)(5) | <input type="checkbox"/> 11.116(b)(6) |
| <input type="checkbox"/> 11.116(b)(7) Please explain below: | | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an applicant.

Change the correspondence address and direct all future correspondence to:

A. The address of the applicant associated with Customer Number: _____

OR

B. Applicant

Address

City	State	Zip	Country
Telephone		Email	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name

Registration No.

Address

City	State	Zip	Country
Date		Telephone No.	

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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- 8) another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c));
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