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	Filing Date(s)	
	First Named Inventor	
	Title	
	Patent Number	
	Examiner Name	
	Attorney Docket No(s).	

I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).

A Power of Attorney is submitted herewith.

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**OR**

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<input type="checkbox"/> Firm or Individual Name	
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City	State
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I am the:

Inventor, having ownership of the patent being reexamined.

**OR**

Patent owner.

*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.*

**SIGNATURE of Inventor or Patent Owner**

Signature	Date	
Name	Telephone	
Title and Company		

**NOTE:** Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. If more than one signature is required, submit multiple forms, check the box below, and identify the total number of forms submitted in the blank below.

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