

# **PATENT OWNER CHANGE OF CORRESPONDENCE ADDRESS**

## ***Reexamination Proceeding***

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Control Number(s)

Filing Date(s)

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number(s)

- ☐ Please change the **patent owner's** correspondence address in the above-identified reexamination proceeding control no(s). (more than one may be changed **only** if they are merged proceedings) to the address designated below in A or B.

### **AND**

- ☐ Pursuant to 37 CFR 1.33(c), a PTO/SB/123 has been filed, or is concurrently being filed, in Patent No. \_\_\_\_\_ (the subject of the above-identified reexam proceeding control no(s).) to make the same address change in the patent.

**A correspondence address change will not be entered in a reexamination, unless the same change is made in the patent. To insure prompt action on the request, form PTO/SB/123 (if not already submitted) must be included together with this form.**

**NOTE:** Address change can only be made by party of record; if not of record - see PTO/SB/81A and PTO/SB/81B.

- A. ☐ The address associated with  
Customer Number:

### **OR**

- B. ☐ Firm or individual name \_\_\_\_\_

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

1. ☐ Attorney or agent of record for patent owner, Registration No. \_\_\_\_\_

### **OR**

2. ☐ Patent owner acting *pro se* (PTO/SB/96 is required for an entity which is not individual person(s))

Signature

Typed or Printed  
Name

Date

Telephone

NOTE: Signatures of all the patent owners or their representatives are required. Submit multiple forms if more than one signature is required, see below \*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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