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PTO/AIA/05 (06-12)

Approved for use through 01/31/2020. OMB 0651-0033
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REISSUE APPLICATION DECLARATION BY THE INVENTOR	ocket Number (Optional)							
I hereby declare that:  Each inventor's residence and mailing address are stated below next to their name.  I believe I am the original inventor or an original joint inventor of the subject matter which is described and claimed in patent number and for which a reissue patent is sought on the invention titled,								
the specification of which	,							
is attached hereto.								
was filed on as reissue application number .	application number							
The above-identified application was made or authorized to be made by me.								
The above-identified application was made of authorized to be made by me.								
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.								
I believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)								
by reason of a defective specification or drawing.								
by reason of the patentee claiming more or less than he had the right to claim in the patent.								
by reason of other errors.								
At least one error upon which reissue is based is described below. If the reissue reissue, a claim that the application seeks to broaden must be identified:	e is a broadening							

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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.

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(REISSUE APPLICATI	ICATION DECLARATION BY THE INVENTOR, page 2)					Docket Number (Optional)				
Note: To appoint a power of attorney, use form PTO/AIA/81.  Correspondence Address: Direct all communications about the application to:  The address associated with Customer Number:										
Firm or Individual Name		_							<u> </u>	
Address										
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Telephone				Email						
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Legal name of sole or first inventor ( <i>E.g.</i> , Given Name (first and middle (if any) and Family Name or Surname)										
Inventor's Signature			Date (0	Optional)						
Residence: City		State	Count	ГУ						
Mailing Address			'							
City		State	Zip			C	Country	/		
Additional joint inventors are named on the supplemental sheet(s) PTO/AIA/10 attached hereto.										

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