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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional)
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: _____ and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.		
Inventor		Citizenship
Residence/Mailing Address		
Inventor		Citizenship
Residence/Mailing Address		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number		Date of Patent Issued
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:  <div style="border: 1px solid black; height: 50px; width: 100%;"></div> the specification of which  <input type="checkbox"/> is attached hereto.  <input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)  I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  <input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.  I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)  <input type="checkbox"/> by reason of a defective specification or drawing.  <input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.  <input type="checkbox"/> by reason of other errors.		

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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.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**

Docket Number (Optional)

At least one error upon which reissue is based is described as follows:

[Attach additional sheets, if needed.]

**All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.**

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:**OR** Firm or Individual Name

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Signature

Date

Full name of person signing (given name, family name)

Address of Assignee

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7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
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