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DECLARATION Supplemental Sheet For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name					Page_	of	
Name of Legal Representative: A petition has been filed for this non-signing legal representative							
Given Name (first and middle (if any))			Family Name or Surname				
Legal Representative's Signature					Date		
sidence: City State		9	Country		Citizenship		
Mailing Address	•						
Mailing Address							
City		State		Zip	Country		
Name of Additional Legal Representative, if any:			A petition has been filed for this non-signing legal representative				
Given Name (first and middle (if any))		Family Name or Surname					
Legal Representative's Signature		Date	Date				
Residence: City	Sta	te	Country		Citizenship		
Mailing Address							
Mailing Address							
City	State			Zip	Country		
Name of Additional Legal Representative, if any: A petition has been filed for this non-signing legal representative							
Given Name (first and middle (if any))		Family Name or Surname					
Legal Representative's Signature			Date				
Residence: City State		te	Country		Citizenship		
Mailing Address							
Mailing Address							
City	State			Zip	Country		

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). 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 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the information Officer. 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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The information provided by you in this form will be subject to the following routine uses:

- The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
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