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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional)
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I hereby declare that:

The residence and mailing address of the inventor or joint inventors are stated below.

I am authorized to act on behalf of the following assignee: _____

The entire title to the patent identified below is vested in said assignee.

Inventor

Residence: City	State	Country
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Mailing Address

City	State	Zip	Country
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Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number	Date of Patent Issued
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I believe said inventor(s) to be the original inventor or original joint inventors of the subject matter which is described and claimed in said patent, 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 _____.

The above-identified application was made or 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.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, a claim that the application seeks to broaden must be identified and the box below must be checked:

[Attach additional sheets, if needed.]

The application for the original patent was filed under 37 CFR 1.46 by the assignee of the entire interest.

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

Address

City

State

Zip

Country

Telephone

Email

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Signature

Date (Optional)

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

Address of Assignee

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