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| |  |  |  | | --- | --- | --- | | First Named  Inventor | | Docket  Number | | Application  Number | | Filed | | Title | | | | Art Unit | Examiner | |  |  |  | | --- | --- | | Commissioner for Patents  P.O. Box 1450  Alexandria, VA 22313-1450 | Paper No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Please permit the following person(s) to inspect and make copies of the above identified application:**  Customer Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Badge Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Name (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **I am (pursuant to pre-AIA 37 CFR 1.14(c)):**  an applicant (inventor).  a registered attorney or agent of record. Registration No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. .  an authorized official of an assignee of record. The assignment was made of record pursuant to 37 CFR 3.71 in the United  States Patent and Trademark Office) at Reel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frame\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or for which  a copy thereof is attached.    a registered attorney or agent named in the papers accompanying the application papers filed under 37 CFR 1.53 or the national stage documents filed under 37 CFR 1.495. An executed 37 CFR 1.63 or 1.497 oath or declaration has not been filed). Registration No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. .    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Signature | Date | |  | |  | | --- | |  | | **FOR USPTO USE ONLY** | | **If a CD is ordered:**  Date CD ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date CD received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date CD given to customer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date CD returned by customer:\_\_\_\_\_\_\_\_\_\_\_\_  CD purchased? YES NO  **Power to Inspect Approved by:**  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Typed or Printed Name | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title (Officer of company or corporate assignee) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Names of Assignee, if any (e.g., company name) | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number | |

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