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REISSUE APPLICATION DECLARATION BY THE INVENTOR Docket Number (Optional)								
I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number								
the specification of which								
is attached hereto.								
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. This application was made or was authorized to be made by me. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. 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.)								
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 is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:								

[Page 1 of 2]

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 48 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

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)						Docket Number (Optional)			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.									
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Inventor's signature			Date						
Residence			Citizenship						
Mailing Address									
Full name of second joint inventor (given name, family name)									
Inventor's signature		Date							
Residence		Citizen	ship						
Mailing Address									
Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.									

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