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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	
	First Named Inventor	
	Original Patent Number	
	Original Patent Issue Date (Month/Day/Year)	
	Priority Mail Express® Label No.	
APPLICATION FOR REISSUE OF: (Check applicable box) <input type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) 2. <input type="checkbox"/> Applicant asserts small entity status. See 37 CFR 1.27 3. <input type="checkbox"/> Applicant certifies micro entity status. See 37 CFR 1.29. Applicant must attach form PTO/SB/15A or B or equivalent. 4. <input type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 5. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 6. <input type="checkbox"/> Reissue Oath/Declaration or Substitute Statement (37 CFR 1.175) (PTO/AIA/05, 06, or 07) 7. <input type="checkbox"/> Application Data Sheet NOTE: Benefit claims under 37 CFR 1.78 and foreign priority claims under 37 CFR 1.55 MUST be set forth in an Application Data Sheet (ADS). 8. <input type="checkbox"/> Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/AIA/53) <input type="checkbox"/> 37 CFR 3.73(c) Statement (PTO/AIA/96) 9. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table <input type="checkbox"/> Landscape Table on CD 10. Nucleotide and/or Amino Acid Sequence Submission (if applicable, items a. – c. are required) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		11. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 12. <input type="checkbox"/> Power of Attorney 13. <input type="checkbox"/> Information Disclosure Statement (IDS) PTOSB/08 or PTO-1449 <input type="checkbox"/> Copies of citations attached 14. <input type="checkbox"/> English translation of Reissue Oath/Declaration (if applicable) 15. <input type="checkbox"/> Return Receipt Postcard (MPEP § 503) (Should be specifically itemized) 16. <input type="checkbox"/> Preliminary Amendment (37 CFR 1.173; MPEP § 1453) 17. <input type="checkbox"/> Other: _____ _____ _____ _____ _____ _____ <input type="checkbox"/> This is a continuation reissue or divisional reissue application (i.e., a second or subsequent reissue application for the same issued patent). (Check box if applicable.)
18. CORRESPONDENCE ADDRESS		
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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