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## SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR REISSUE PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)

			_						
Title of Invention									
This statement is directed to:									
The attached application,									
OR OR									
was filed on as reissue application number									
LEGAL NAME of inventor to whom this substitute statement applies:									
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)									
Residence (except for a deceased or legally incapacitated inventor):									
Oit.									
City Mailing Addre	ss (except for a deceased or legally incapac		Cou	ntry					
Mailing Address (except for a deceased or legally incapacitated inventor).									
City		State		•	Country				
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.									
The above-i	dentified application was made or author	orized to be made by me.							
I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.									
Relationship	to the inventor to whom this substitute	statement applies:							
Legal Representative (for deceased or legally incapacitated inventor only),									
Assignee, or									
Join	Joint Inventor.								
Circumstances permitting execution of this substitute statement:									
Inventor is deceased,									
Inventor is under legal incapacity,									
Inventor cannot be found or reached after diligent effort, or									
Inventor has refused to execute the oath or declaration under 37 CFR 1.175.									

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. 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 12 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

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If there are joint inventors, please check the appropriate box below:								
An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) naming the entire inventive entity has been or is currently submitted.								
OR								
An application data sheet under 37 CFR 1.76 (PTO/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).								
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.								
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:								
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PERSON EXECUTING THIS SUBSTITUTE STATEMENT:								
Name:	Date (Optional):							
Signature:								
APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:								
If the applicant is a juristic entity, list the applicant name and the title of the signer.  Applicant Name:								
Title of Person Executing								
This Substitute Statement:								
The signer, whose title is supplied above, is authorized to act on behalf of the applicant.								

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Residence of the signer (unless provided in an application data sheet, PTO/SB/14 or equivalent):							
011							
City	State	County					
Mailing Address of the signer (unless provided	in an application data sheet, PT	O/SB/14 or equivalent):					
City	State	Zip	Country				
Note: Use an additional PTO/AIA/07 form	for each inventor who is de	ceased, legally incapacitate	ed. cannot be found or				
reached after diligent effort, or has refuse		, , , ,	,				
reaction after unigent ellort, of has refuse	u to execute the bath of deci		•				

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