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<b>DEKLARATION FOR UTILITY ELLER DESIGN PATENT ANSÖKAN (37 CFR 1.63) DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Advokat registreringsnummer Attorney Docket Number	
	Först-nämnd uppfinnare First Named Inventor	
	FYLL I OM KÄNT COMPLETE IF KNOWN	
	ANSÖKNINGSNUMMER Application Number	
	REGISTRERINGS DAG Filing Date	
	Konstenhet Art Unit	
<input type="checkbox"/> Deklaration inlämnad med ursprunglig anmälning Declaration Submitted With Initial Filing	ELLER OR	<input type="checkbox"/> Deklaration inlämnad efter ursprunglig anmälning (tilläggs kostnad (37 CFR 1.16 (f)) krävs) Declaration Submitted After Initial Filing (surcharge (37 CFR 1.16(f)) required)
	Granskares namn Examiner Name	

Jag deklarerar härmed att: (1) Varje uppfinnarens bostad, postadress, och medborgarskap överensstämmer med vad som skrivits nedan bredvid personens namn; och (2) Jag tror att uppfinnaren/na som angetts nedan är den ursprungliga och den första uppfinnaren till ämnet som anspråkas och till vilket en patent sökes för uppfinningen som namnges:

I hereby declare that: (1) Each inventor's residence, mailing address, and citizenship are as stated below next to their name; and (2) I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention titled:

(Namn på uppfinningen)  
(Title of the Invention)

Ansökan gjordes av mig eller utfärdades på min tillåtelse  
the application of which was made or was authorized to be made by me and

Bifogas härmed  
is attached hereto

ELLER  
OR

Registrerades (ÅR/MÅNAD/DAG) \_\_\_\_\_ som USA ansökningsnummer eller PCT internationellt ansökningsnummer \_\_\_\_\_ och ändrades (ÅR/MÅNAD/DAG) \_\_\_\_\_ (om tillämpligt) was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

Jag intygar härmed att jag har granskat och förstår innehållet av ovanstående nämnda ansökan, däribland anspråken, som ändrade av korrigerig, vilket anges särskilt ovan.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

Jag vidkänner ansvaret att avslöja information som är väsentlig för patenterbarhet som definierat av 37 CFR 1.56, däribland för del-förlängning av ansökningar, väsentlig information som blev tillgänglig mellan registreringsdatumet för den tidigare ansökan och den nationella och PCT internationella registreringsdatumet för del-förlängningen av ansökan.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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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 21 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 Administrative 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 ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**DEKLARATION – Utility eller Design Patent Ansokan**  
**DECLARATION — Utility or Design Patent Application**

**Anspråk på utländsk prioritetsförmåner**  
**Claim of Foreign Priority Benefits**

Härmed lämnar jag anspråk på utländska prioritetsförmåner under 35 U.S.C. 119(a)-(d) eller (f), eller 365(b) angående alla utländsk(a) ansökning(ar) för patent, uppfinnare, eller växtförädlarens rättighetscertifikat, eller 365(a) under PCT internationella ansökan som angav åtminstone ett land utöver USA, angett under och har även identifierat under, genom att fylla i ladan, alla utländska patentansökningar, uppfinnarens, eller växtförädlarens rättighetscertifikat, eller alla PCT internationella ansökningar som har registrerats innan datumet för ansökan där prioritet ges anspråk.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Tidigare Utländska Ansökningsnummer Prior Foreign Application Number(s)	Land Country	Utländskt registreringsdatum Foreign Filing Date (MM/DD/YYYY)	Prioritet som inte yrkats Priority Not Claimed	Certifierad kopia bifogad? Certified Copy Attached?	
				JA YES	NEJ NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ytterligare utländska ansökningsnummer är förtecknade på en kompletterande prioritetslista PTO/SB/02B härmed bifogad  
 Additional foreign application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Rikta all korrespondens till: Direct all Correspondence to:	<input type="checkbox"/>	Adressen tillhörande kundnummer: The address Associated with Customer Number:	<input type="text"/>	<b>ELLER OR</b>	<input type="checkbox"/>	Korrespondens address nedan Correspondence address below
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Jag intygar härmed att alla uttalande gjorda häri är sanna enligt min egen kunskap och att alla uttalande är gjorda enligt information och övertygelse är trodda att vara sanna; och vidare att dessa uttalande gjordes under tron att en uppsätligt falsk uppgift och dylikt är straffbart med böter eller fängelse, eller båda, enligt 18 U.S.C. 1001 och att sådan uppsätligt falsk uppgift kan äventyra ansökans giltighet eller en patent som är utfärdat därpå.

Jag intygar härmed att jag är medveten om att någon uppsätligt falsk uppgift som är lämnad i denna deklARATION är straffbar med böter eller fängelse upp till fem (5) år enligt U.S.C. 1001, eller båda.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby acknowledge that any willful false statement made in this declaration is punishable under U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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**DECLARATION — Utility or Design Patent Application**

<b>NAMN PÅ EGEN ELLER FÖRSTA UPPFINNARE</b> <b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> En ansökan has registrerats för denna underskrivna uppfinnare A petition has been filed for this unsigned inventor	
Tilltalsnamn (första och mellannamn [om något]) Given Name (first and middle [if any])		Familje- eller efternamn Family Name or Surname	
Uppfinnarens underskrift Inventor's Signature		Datum Date	
Stad Residence: City	Delstat State	Land Country	Medborgarskap Citizenship
Postadress Mailing Address			
Stad City	Delstat State	Postnummer Zip	Land Country
<input type="checkbox"/> Ytterligare uppfinnare eller juridiskt ombud nämns på _____ tillägsblad PTO/SB/02A eller 02LR bifogat här Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto			

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## OMB Clearance and PRA Burden Statement for PTO/SB/108

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