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<h2 style="margin: 0;">DÉCLARATION DECLARATION</h2>	INVENTEUR(S) SUPPLÉMENTAIRE(S) ADDITIONAL INVENTOR(S) Feuille supplémentaire Supplemental Sheet
	Page _____ sur _____ Page _____ of _____

Nom du co-inventeur, s'il y a lieu : Name of Additional Joint Inventor, if any:		<input type="checkbox"/> Une demande a été déposée pour cet inventeur sans signature A petition has been filed for this unsigned inventor	
Prénom (et 2 ^e prénom, s'il y a lieu) Given Name (first and middle (if any))		Nom Family Name or Surname	
Signature de l'inventeur Inventor's Signature		Date Date	
Résidence : Ville Residence: City	État State	Pays Country	Nationalité Citizenship
Adresse Mailing Address			
Ville City	État State	Zip Code postal	Pays Country
Nom du co-inventeur, s'il y a lieu : Name of Additional Joint Inventor, if any:		<input type="checkbox"/> Une demande a été déposée pour cet inventeur sans signature A petition has been filed for this unsigned inventor	
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Résidence : Ville Residence: City	État State	Pays Country	Nationalité Citizenship
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Cette demande d'informations est requise en vertu de 35 U.S.C. 115 et de 37 CFR 1.63. Ces informations sont obligatoires pour obtenir ou conserver un avantage par le public qui doit déposer (et par le USPTO qui doit traiter) une demande. La confidentialité est maintenue en vertu de 35 U.S.C. 122 et 37 CFR 1.11 et 1.14. Cette demande d'informations prendra approximativement 21 minutes, y compris le rassemblement, la préparation et l'envoi du formulaire de demande rempli à l'USPTO. Le temps dépendra de chaque cas. Tout commentaire sur le temps requis pour remplir ce formulaire et/ou suggestions pour le réduire devra (devront) être envoyé(es) au Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **NE PAS ENVOYER D'ARGENT NI DE FORMULAIRES REMPLIS À CETTE ADRESSE. ENVOYER À : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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*Pour toute assistance liée au formulaire, appelez le 1-800-PTO-9199 (1-800-786-9199) et sélectionnez l'option 2.
 If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.*

OMB Clearance and PRA Burden Statement for PTO/SB/02B

This collection of information is required by 37 CFR 1.137. 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, 1.14 and 41.6. This form is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed 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 Administration 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: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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