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SUBSTITUTE STATEMENT SUPPLEMENTAL SHEET	INVENTOR(S) Supplemental Sheet (for PTO/SB/AIA02,04,07) Page _____ of _____
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Note: List entire inventive entity in the desired order.

Legal Name of Joint Inventor:
 (E.g., Given Name (first and middle (if any)) and Family Name or Surname)

Inventor's Signature	Date (Optional)
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Residence: City	State	Country
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Mailing Address

City	State	Zip	Country
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Legal Name of Joint Inventor:

(E.g., Given Name (first and middle (if any)) and Family Name or Surname)

Inventor's Signature	Date (Optional)
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Residence: City	State	Country
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Mailing Address

City	State	Zip	Country
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Legal Name of Joint Inventor:

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Mailing Address

City	State	Zip	Country
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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.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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