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REEXAMINATION - THIRD PARTY REQUESTER

**POWER OF ATTORNEY OR** 

Control Number(s)

REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		First Named Invento	or			
		Title				
		Patent Number				
		Examiner Name				
		Attorney Docket No	(s).			
I hereby revoke all previous requester powers of attorney given in the above-identified reexamination proceeding control number(s).						
A Power of At	A Power of Attorney is submitted herewith.					
OR						
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	attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
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	int Practitioner(s) named below as my/c ve, and to transact all business in the U				with:	
	Practitioner(s) Name		Registration Number			
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(more than one may be changed <b>only</b> if they are merged proceedings) to be:  The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or						
Individual Name						
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I am the third party requester.  Proof of authority to act on behalf of requester submitted herewith or filed on						
SIGNATURE of Third Party Requester						
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Name			Telephone			
Title and Company						

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