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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 Invent	or		
		Title			
		Patent Number			
		Examiner Name			
		Attorney Docket No	o(s).		
I hereby revoke all previous requester powers of attorney given in the above-identified reexamination proceeding control number(s).					
A Power of Att	ver of Attorney is submitted herewith.				
OR L haraby appai	ereby appoint Practitioner(s) associated with the following Customer Number as my/our				
	ney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all				
	iness in the United States Patent and Trademark Office connected therewith:				
I hereby appoint Practitioner(s) named below as my/our 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:					
	Practitioner(s) Name	Registration Number			
Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed only 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					
Address					
City		State		Zip	
Country					
Telephone		Email			
I am the <i>third party</i> requester. Proof of authority to act on behalf of requester submitted herewith or filed on					
SIGNATURE of Third Party Requester					
Signature			Date		
Name			Telephone		
Title and Company					

This collection of information is required by 37 CFR 1.36. 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 information collection is estimated to take 30 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 Office of the Chief Administrative Officer, U.S. Patent and Trademark Office, 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 and select option 2.

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