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Application Number POWER OF ATTORNEY **Filing Date** OR **First Named Inventor REVOCATION OF POWER OF ATTORNEY** Title WITH A NEW POWER OF ATTORNEY Art Unit AND **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application 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 application to: 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 Fmail I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on_ SIGNATURE of Applicant or Assignee of Record Signature Date Name Telephone Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below* *Total of forms are submitted.

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