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DICHIARAZIONE DECLARATION	ULTERIORI INVENTORI ADDITIONAL INVENTOR(S) Foglio supplementare Supplemental Sheet
Pagina _____ di _____ Page _____ of _____	

Nome di eventuali ulteriori Co-Inventori: Name of Additional Joint Inventor, if any:		<input type="checkbox"/> È stata presentata un'istanza per questo inventore senza firma A petition has been filed for this unsigned inventor	
Nome (primo e secondo (se usato)) Given Name (first and middle (if any))		Cognome Family Name or Surname	
Firma dell'Inventore Inventor's Signature		Data Date	
Residenza: Città Residence: City	Provincia State	Nazione Country	Cittadinanza Citizenship
Indirizzo Mailing Address			
Città City	Provincia State	CAP Zip	Nazione Country
Nome di eventuali ulteriori Co-Inventori: Name of Additional Joint Inventor, if any:		<input type="checkbox"/> È stata presentata un'istanza per questo inventore senza firma A petition has been filed for this unsigned inventor	
Nome (primo e secondo (se usato)) Given Name (first and middle (if any))		Cognome Family Name or Surname	
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Firma dell'inventore Inventor's Signature		Data Date	
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DICHIARAZIONE – Foglio dati prioritari supplementare
DECLARATION – Supplemental Priority Data Sheet

Domande straniere: Foreign applications:				
Numero (Numeri) domande straniere precedenti Prior Foreign Application Number(s)	Nazione Country	Data di compilazione straniera Foreign Filing Date (MM/GG/AAAA) (MM/DD/YYYY)	Priorità non richiesta Priority Not Claimed	Allegata copia autenticata? Certified Copy Attached? SI NO YES NO
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OMB Clearance and PRA Burden Statement for PTO/SB/02B

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