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**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

I hereby declare that:

Each inventor's residence and mailing address are stated below next to their name.

I believe I am the original inventor or an original joint inventor of the subject matter which is described and claimed in patent number \_\_\_\_\_, granted \_\_\_\_\_ and for which a reissue patent is sought on the invention titled \_\_\_\_\_,

the specification of which

is attached hereto.

was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_.

The above-identified application was made or authorized to be made by me.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

I believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, a claim that the application seeks to broaden must be identified:

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional)	
Note: To appoint a power of attorney, use form PTO/AIA/81.					
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Inventor's Signature				Date (Optional)	
Residence: City		State		Country	
Mailing Address					
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<input type="checkbox"/> Additional joint inventors are named on the _____ supplemental sheet(s) PTO/AIA/10 attached hereto.					

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