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| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE | Docket Number (optional) |
| <p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: _____</p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p> | |
| Inventor | Citizenship |
| Residence/Mailing Address | |
| Inventor | Citizenship |
| Residence/Mailing Address | |
| <input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto. | |
| Patent Number | Date of Patent Issued |
| <p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin: 5px 0;"></div> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. This application was made or was authorized to be made by me.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> | |

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

At least one error upon which reissue is based is described as follows:

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

 Practitioners associated with Customer Number:**OR** Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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| | |
| | |

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.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. 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.

Signature

Date

Full name of person signing (given name, family name)

Address of Assignee

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