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PTO/SB/AIA02 (06-12)
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Title of Invention							
This statement is directed to:							
The attached application,							
OR							
United States application or PCT international application number filed on							
LEGAL NAME of inventor to whom this substitute statement applies:							
(<i>E.g.</i> , Given Name (first and middle (if any)) and Family Name or Surname)							
Residence (except for a deceased or legally incapacitated inventor):							
City		State	Cou	ıntry			
Mailing Address (except for a deceased or legally incapacitated inventor):							
City		State		Zip		Country	
I believe the above-named inventor or joint inventor to be the original inventor or an original joint inventor of a claimed invention in the application.							
The above-identified application was made or authorized to be made by me.							
I hereby acknowledge that any willful false statement made in this statement is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.							
Relationship to the inventor to whom this substitute statement applies:							
Legal Representative (for deceased or legally incapacitated inventor only),							
Assignee,							
Person to whom the inventor is under an obligation to assign,							
Person who otherwise shows a sufficient proprietary interest in the matter (petition under 37 CFR 1.46 is required), or							
Jo	int Inventor.						

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. 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 collection is estimated to take 1 minute 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 Chief Administrative Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS

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SUBSTITUTE STATEMENT

Circumstances permitting execution of this substitute statement:							
Inventor is deceased,							
Inventor is under legal incapacity,							
Inventor cannot be found or reached after diligent effort, or							
Inventor has refused to execute the oath or declaration under 37 CFR 1.63.							
If there are joint inventors, please check the appropriate box below:							
An application data sheet under 37 CFR 1.76 (PTO/SB/14 or equivalent) naming the entire inventive entity has been or is currently submitted.							
OR							
An application data sheet under 37 CFR 1.76 (PTO/SB/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/SB/AIA11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).							
	WARNING:						
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PERSON EXECUTING THIS SUBSTITUTE STATEMENT:							
Name:			Date (Optional):				
Signature:							
Residence (unless provided in an application data sheet, PTO/SB/14 or equivalent):							
City	State	Country					
Mailing Address (unless provided in an application data sheet, PTO/SB/14 or equivalent)							
	State	Zip	Country				
Note: Use an additional PTO/SB/AIA02 form for each inventor who is deceased, legally incapacitated, cannot be found or reached after diligent effort, or has refused to execute the oath or declaration under 37 CFR 1.63.							

OMB Clearance and PRA Burden Statement for PTO/SB/AIA02

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