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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	
	Issue Date	
	First Named Inventor	
	Title	
	Attorney Docket No.	

I hereby revoke all previous powers of attorney given in the above-identified patent.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the Customer Number identified in the box at right as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

Patent owner.
Statement under 37 CFR 3.73(c) (Form PTO/AIA/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Patent Owner			
Signature	Date		
Name	Telephone		
Title and Company			

NOTE: Signatures of all the applicants or patent owners of the entire interest or their representative(s) are required. If more than one signature is required, submit multiple forms, check the box below, and identify the total number of forms submitted in the blank below.

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