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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional)
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I hereby declare that:
 The residence and mailing address of the inventor or joint inventors are stated below.
 Name of the Assignee:

I am authorized to act on behalf of the assignee (if the assignee is a juristic entity).
 The entire title to the patent identified below is vested in said assignee, or if there are multiple assignees/owners, all assignees/owners have executed a Reissue Application Declaration to account for the entire title of the patent identified below.

Inventor

Residence: City	State	Country
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Mailing Address

City	State	Zip	Country
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Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number	Patent Issue Date
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I believe said inventor(s) to be the original inventor or original joint inventors of the subject matter which is described and claimed in said patent, 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.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

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 and the box below must be checked:

[Attach additional sheets, if needed.]

The application for the original patent was filed under 37 CFR 1.46 by the assignee of the entire interest.

I hereby appoint:

Practitioners associated with Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number

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.

Correspondence Address: Direct all communications about the application to:

The address associated with Customer Number:

OR

Firm or Individual Name

Address

City

State

Zip

Country

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Signature

Date (Optional)

Legal name of person signing

Address of Assignee

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