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SUBSTITUTE STATEMENT IN LIEU OF AN OATH OR DECLARATION FOR REISSUE PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)

Title of Invention			
This statement is directed to:			
<input type="checkbox"/> The attached application, OR			
<input type="checkbox"/> was filed on _____ as reissue application number _____.			
LEGAL NAME of inventor to whom this substitute statement applies:			
(E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Residence (except for a deceased or legally incapacitated inventor):			
City	State	Country	
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:			
<input type="checkbox"/> Legal Representative (for deceased or legally incapacitated inventor only),			
<input type="checkbox"/> Assignee, or			
<input type="checkbox"/> Joint Inventor.			
Circumstances permitting execution of this substitute statement:			
<input type="checkbox"/> Inventor is deceased,			
<input type="checkbox"/> Inventor is under legal incapacity,			
<input type="checkbox"/> Inventor cannot be found or reached after diligent effort, or			
<input type="checkbox"/> Inventor has refused to execute the oath or declaration under 37 CFR 1.175.			

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REISSUE PATENT APPLICATION (35 U.S.C. 115(d) AND 37 CFR 1.64)**

If there are joint inventors, please check the appropriate box below:

An application data sheet under 37 CFR 1.76 (PTO/AIA/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/AIA/14 or equivalent) has not been submitted. Thus, a Substitute Statement Supplemental Sheet (PTO/AIA/11 or equivalent) naming the entire inventive entity and providing inventor information is attached. See 37 CFR 1.64(b).

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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PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

Name:

Date (Optional):

Signature:

APPLICANT NAME AND TITLE OF PERSON EXECUTING THIS SUBSTITUTE STATEMENT:

If the applicant is a juristic entity, list the applicant name and the title of the signer.

Applicant Name:

Title of Person Executing
This Substitute Statement:

The signer, whose title is supplied above, is authorized to act on behalf of the applicant.

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Residence of the signer (unless provided in an application data sheet, PTO/SB/14 or equivalent):

City	State	County

Mailing Address of the signer (unless provided in an application data sheet, PTO/SB/14 or equivalent):

--

City	State	Zip	Country

Note: Use an additional PTO/AIA/07 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.

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