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REISSUE PATENT APPLICATION TRANSMITTAL							
Address to:	Attorney Docket No.						
Mail Stop Reissue	First Named Inventor						
Commissioner for Patents	Original Patent Numbe	er					
P.O. Box 1450	Original Patent Issue D	ate					
Alexandria, VA 22313-1450	(Month/Day/Year)						
APPLICATION FOR REISSUE OF:	Priority Mail Express® Lab	el No.					
(Check applicable box)	Utility Patent		Design Patent		Plant	Patent	
APPLICATION ELEMENTS (37 CF	R 1.173)		ACCOMPA	NYING AP	PLICATION	PARTS	
1. Fee Transmittal Form (PTO/SB/56)		11. Statement of status and support for all changes to the					
2. Applicant asserts small entity status. See 37 CFR 1.27		l —	claims. See 37 CFR 1.173(c).				
Applicant certifies micro entity status. See 37 CFR 1.29. Applicant must attach form PTO/SB/15A or B or equivalent.							
4. Specification and Claims in double column copy of patent format (amended, if appropriate)			PTOSB/08 or PTO-1449 Copies of citations attached				
5. Drawing(s) (proposed amendments, if appropriate)		14.	14. English translation of Reissue Oath/Declaration				
6. Reissue Oath/Declaration or Substitute Statement (37 CFR 1.175) (PTO/AIA/05, 06, or 07)		(if applicable) 15. Return Receipt Postcard (MPEP § 503)					
7. Application Data Sheet NOTE: Benefit claims under 37 CFR 1.78 and foreign priority claims under 37 CFR 1.55 MUST be set forth in an			(Should be specifically itemized)				
Application Data Sheet (ADS). 8. Original U.S. Patent currently assigned? Yes No		17. Other:					
(If Yes, check applicable box(es))							
Written Consent of all Assigness (PTO/AIA/53) 37 CFR 3.73(c) Statement (PTO/AIA/96)							
9. CD-ROM or CD-R in duplicate, Computer Program (<i>Appendix</i>) or large							
table Landscape Table on CD		-					
10. Nucleotide and/or Amino Acid Sequence Submission							
(if applicable, items a. – c. are required)							
a. Computer Readable Form (CRF)		This is a continuation reissue or divisional reissue application (i.e., a second or subsequent reissue application for the same issued patent). (Check box if applicable.)					
b. Specification Sequence Listing on:							
i. CD-ROM (2 copies) or CD-R (2 copies); or			iterity. (Check box	іј арріісав	<i>ii.</i> ;		
ii. Paper c. Statements verifying identity of above copies							
18. CORRESPONDENCE ADDRESS							
The address associated with Customer Number: OR Correspondence address below							
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City	State			7	Zip Code		
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- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
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- 9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.