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SUBSTITUTE STATEMENT SUPPLEMENTAL SHEET	INVENTOR(S) Supplemental Sheet (for PTO/SB/AIA02,04,07) Page _____ of _____
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Note: List entire inventive entity in the desired order.

Legal Name of Joint Inventor:
 (E.g., Given Name (first and middle (if any)) and Family Name or Surname)

Inventor's Signature	Date (Optional)
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Residence: City	State	Country
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Mailing Address

City	State	Zip	Country
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Legal Name of Joint Inventor:

(E.g., Given Name (first and middle (if any)) and Family Name or Surname)

Inventor's Signature	Date (Optional)
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Residence: City	State	Country
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Mailing Address

City	State	Zip	Country
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Legal Name of Joint Inventor:

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Mailing Address

City	State	Zip	Country
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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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