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DECLARACIÓN DECLARATION

INVENTOR(ES) ADICIONAL(ES) ADDITIONAL INVENTOR(S) Hoja adicional Supplemental Sheet

Página _____ de _____
Page _____ of _____

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|--|-----------------|--|-----------------------------|
| Nombre del inventor adicional, si existe alguno: Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> Se ha presentado una solicitud para este inventor sin firma A petition has been filed for this unsigned inventor | |
| Nombre(s) Given Name (first and middle (if any)) | | Apellido: Family Name or Surname | |
| Firma del inventor Inventor's Signature | | Fecha Date | |
| Domicilio: Ciudad Residence: City | Estado State | País Country | Nacionalidad Citizenship |
| Dirección para recibir correspondencia Mailing Address | | | |
| Ciudad City | Estado State | Código Postal Zip | País Country |
| Nombre del inventor adicional, si existe alguno: Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> Se ha presentado una solicitud para este inventor sin firma A petition has been filed for this unsigned inventor | |
| Nombre(s) Given Name (first and middle (if any)) | | Apellido Family Name or Surname | |
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Administrative Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria,

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*Si necesita ayuda para llenar el formulario, llame al 1-800-PTO-9199 (1-800-786-9199) y seleccione la opción 2.
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DECLARACIÓN: Hoja de datos prioritarios adicionales
DECLARATION – Supplemental Priority Data Sheet

| Solicitudes en el extranjero: Foreign applications: | | | | |
|--|-----------------|---|--|---|
| Número(s) de solicitud(es) previa(s) en el extranjero Prior Foreign Application Number(s) | País Country | Fecha de presentación en el extranjero Foreign Filing Date (MM/DD/AAAA) (MM/DD/YYYY) | Prioridad no reclamada Priority Not Claimed | ¿Se Adjunta copia autenticada? Certified Copy Attached? SI NO YES NO |
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OMB Clearance and PRA Burden Statement for PTO/SB/02B

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