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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>	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.

I am authorized to act on behalf of the following assignee: \_\_\_\_\_

The entire title to the patent identified below is vested in said assignee.

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	Date of Patent Issued
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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 35 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.

**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

Telephone

Email

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Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

Signature

Date (Optional)

Full name of person signing (given name, family name)

Address of Assignee

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