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**POWER OF ATTORNEY TO ONE OR  
MORE OF THE JOINT INVENTORS  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	
Filing Date	
First Named Inventor	
Art Unit	
Examiner Name	
Title	

**NOTE:** This form may be filed by *pro se* inventors (*i.e.*, prosecuting the application without a registered patent practitioner) who are identified as the Applicant in the above-identified application. For a Power of Attorney to one or more registered patent practitioners, see form PTO/AIA/82.

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the following joint inventor(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified application to:

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**OR**

<input type="checkbox"/> Individual Name			
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City	State	Zip	
Country			
Telephone	Email		

I am the Inventor.

**SIGNATURE of Inventor**

Signature		Date	
Name		Telephone	

**NOTE:** Signatures of all the inventors are required. Submit multiple forms if more than one signature is required, see below\*. See 37 CFR 1.4 for signature requirements and certifications.

\*Total of \_\_\_\_\_ forms are submitted.

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*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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