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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional)
I hereby declare that: My residence and post office address and citizenship are stated below next to my name. I am authorized to act on behalf of the following assignee: _____ and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.		
Name of Patentee(s):		
Patent Number	Date of Patent Issued	
Title of Invention		
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____ _____, the specification of which <input type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number ____ / _____ and was amended on _____ (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors. At least one error upon which reissue is based is described as follows:  <p style="text-align: center;">[Attach additional sheets, if needed.]</p> All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		

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(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional )		
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.				
Name(s)		Registration Number		
Correspondence Address: Direct all communications about the application to:				
<input type="checkbox"/> Customer Number		→	Place Customer Number Bar Code Label Here	
<i>OR</i>				
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City		State		Zip
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.				
Full name of person signing (given name, family name)				
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