				PTO/SB/81 (11-96)	
1	Jnder the Paperwork Reduction Act of 1995, no	Patent and	Approved for Trademark Office; to respond to a cr	use through 6/30/99. OMB U.S. DEPARTMENT OF Co	OMMERCE
a valid OMB control number.					
POWER OF ATTORNEY OR		Application Nu	ımber		
		Filing Date			
AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION		First Named In	ventor		
		Group Art Unit			
		Examiner Name	-		
		Attorney Docket Number			
I hereby ap	point:				
	·			Place Custome	r
	ners at Customer Number		►	Number Bar Co	
				Label here	
Practitioner(s) named below:					
	Name		Regist	egistration Number	
					+
					┫
					- 1
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all					
business in the Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. <i>OR</i>					
Firm or Individua	al Name				
Address					
Address					
City		S	tate	ZIP	
Country					
Telephone		Fa	ax		
I am the	:				
🗌 Ар	plicant.				
	tions of a court of the court's of the				
Assignee of record of the entire interest Certificate under 37 CFR 3.73(b) is enclosed					
SIGNATURE of Applicant or Assignee of Record					
Name					
Signature					
Date					
	1				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.