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PTO/SB/83 (11-96)

Approved for use through 6/30/99. OMB 0651-0035  
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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

To: Assistant Commissioner for Patents  
 Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

<b>CORRESPONDENCE ADDRESS</b>		<i>Place Customer Number Bar Code Label here</i>
<input type="checkbox"/> Customer Number	<input style="width: 150px;" type="text"/>	
<i>OR</i>		
<input type="checkbox"/> Firm or Individual Name	<input style="width: 500px;" type="text"/>	
Address	<input style="width: 500px;" type="text"/>	
Address	<input style="width: 500px;" type="text"/>	
City	State	ZIP
Country	<input style="width: 500px;" type="text"/>	
Telephone	Fax	<input style="width: 100px;" type="text"/>

This request is enclosed in triplicate.

Name	<input style="width: 500px;" type="text"/>
Signature	<input style="width: 500px;" type="text"/>
Date	<input style="width: 500px;" type="text"/>

*NOTE: Withdrawal is effective when approved rather than when received.  
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*