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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional)	
<p>I hereby declare that:</p> <p>The residence and mailing address of the inventor or joint inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>			
Inventor			
Residence: City	State	Country	
Mailing Address			
City	State	Zip	Country
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.			
Patent Number		Date of Patent Issued	
<p>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:</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____.</p> <p>The above-identified application was made or authorized to be made by me.</p> <p>I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.</p> <p>I believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below.                  (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>			

**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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Signature

Date (Optional)

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

Address of Assignee

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