Type a plus sign (+) inside th Under the Paper a valid OMB cont	work Reduction Act of 1995, n	Patent and Trade	mark Office; U.S. DEF	PTO/SB/03 (12-97) gh 9/30/00. OMB 0651-0032 - ARTMENT OF COMMERCE information unless it displays						
	TENT	Attorney Docket Nur	mber							
PLANT PA APPLICATION (3	5 U.S.C. 161)	First Named Invento	r							
DECLARA	TION	COMPLETE IF KNOWN								
(37 CFR	1.63)	Application Number	/							
Declaration Submitted	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date								
with Initial <i>OR</i> Filing		Group Art Unit								
	required)	Examiner Name								
As a below named inventor	, I hereby declare that:									
	· •	tated below next to my name								
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the new and distinct variety of:										
plant named:										
which is claimed and for which a plant patent is sought, the specification of which										
is attached hereto OR was filed on (MM/DD/YYYY) as United States										
Application Number	and v	vas amended on (MM/DD/YY	YY)	(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim, as amended by any amendment specifically referred to above. I have asexually reproduced the plant to which this application applies.										
Said plant was found i	n a cultivated area (check this	s box for newly found plant or	nly)							
I acknowledge the duty to di	sclose information which is ma	aterial to patentability as defir	ned in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C.119(e) of any United States provisional application(s) listed below.										
Application Number		(MM/DD/YYYY)								
	,,	,	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 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. Type a plus sign (+) inside this box -

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DECLARATION – Plant Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
										•			
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith:													
and trademark Office co			Customer Num OR	iber	>						Place Customer Number Bar Code		
				ctitioner(s)) name/registration number listed below					Label here			
Nam	ie		Registration Number		Nam			10		Registration Number			
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below													
Name													
Address	ddress												
Address													
City					5	State			ZIP				
Country			Telephor	ne					Fax				
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 or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:									ntor				
Given Name (first and middle [if any])				Family Name or Surname									
Inventor's Signature											Date		
Residence: City			State			Country					Citizenship		
Post Office Address													
Post Office Address										•			
City		State		z	ZIP				Count	ry			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.													