Please type a plus sign (+) inside this box \longrightarrow

PTO/SB/16 (2-98)

Approved for use through 01/31/2001. OMB 0651-0037 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

		VENTOR	.(5)		esidenc	-		
Given Name (first and middle [if any]) Family Name of	Family Name or Surname		(City and either State or Foreign C				
Additional inventors are be	ing named on the _	separat	ely numbered si	heets atta	ached I	nereto		
	TITLE OF THE INV	/ENTION (280 characters	max)				
	CORRESP							
Direct all correspondence to: CORRESPONDENCE ADDRESS							ber	
Customer Number	Customer Number Bar Code L							
0/1	pe Customer Numb	er here	l					
Firm <i>or</i> Individual Name								
Address								
Address								
City		State			ZIP			
Country		Telephone	e		Fax			
	ENCLOSED APPI	LICATION	PARTS (check	all that a	apply)			
Specification Number of Pages Small Entity Statement								
Drawing(s) Number of Sheets			Other (specify)					
METHOD OF PAYMENT OF F	LING FEES FOR T	HIS PROV	ISIONAL APPLI	CATION	FOR F		,	
A check or money order is	enclosed to cover	the filing fe	es				LING FEE 10UNT (\$)	
The Commissioner is hereby authorized to charge filing								
fees or credit any overpay			ber:					
The invention was made by an United States Government.	agency of the Unite	ed States G	sovernment or u	nder a co	ontract	with an a	jency of the	
No.								
Yes, the name of the U.S. Gov	ernment agency and t	he Governm	ent contract numb	er are:				
and attention of the second								
espectfully submitted,			Date		1			
IGNATURE			REGISTR		NO.			
		<i>(if appropriate)</i> Docket Number:						
			DOCKELIN	uniber.				

PTO to timated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.

PROVISIONAL APPLICATION COVER SHEET Additional Page



PTO/SB/16 (2-98) Approved for use through 01/31/2001. OMB 0651-0037 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Docket	Number	Type a plus sign (+) inside this box \rightarrow							
INVENTOR(S)/APPLICANT(S)										
Given Name (first and middle [if any])	Family or Surname		Residence l either State or Foreign Country)							

Number ____ of ____