

Docket Number (Optional)

**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are 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 subject matter which is described and claimed in patent number \_\_\_\_\_, granted \_\_\_\_\_, and for which a reissue patent is sought on the invention entitled \_\_\_\_\_

\_\_\_\_\_ ,  
the specification of which

is attached hereto.

was filed on \_\_\_\_\_ as reissue application number \_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_ .  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
- by reason of the patentee claiming more or less than he had the right to claim in the patent.
- by reason of other errors.

At least one error upon which reissue is based is described as follows:

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.		
Name(s)	Registration Number	
_____ _____ _____		
Correspondence Address: Direct all communications about the application to:		
<input type="checkbox"/> Customer Number	<input style="width: 150px; height: 20px;" type="text"/> <i>Type Customer Number here</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;">                     Place Customer Number Bar Code Label here                 </div>
<b>OR</b>		
<input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	ZIP
Country		
Telephone	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 and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.		
Full name of sole or first inventor (given name, family name)		
Inventor's signature		
Residence	Date	
Post Office Address	Citizenship	
Full name of second joint inventor (given name, family name)		
Inventor's signature		
Residence	Date	
Post Office Address	Citizenship	
Full name of third joint inventor (given name, family name)		
Inventor's signature		
Residence	Date	
Post Office Address	Citizenship	
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.		