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PATENT - POWER OF ATTORNEY OR REVOCAION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	
	Issue Date	
	First Named Inventor	
	Title	
	Attorney Docket No.	

I hereby revoke all previous powers of attorney given in the above-identified patent.

A Power of Attorney is submitted herewith.

OR
 I hereby appoint Practitioner(s) associated with the Customer Number identified in the box at right as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR
 I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

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Firm or Individual Name

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City	State	Zip	
Country			
Telephone	Email		

I am the:

Applicant.

OR

Patent owner.

Statement under 37 CFR 3.73(c) (Form PTO/AIA/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Patent Owner

Signature	Date	
Name	Telephone	
Title and Company		

NOTE: Signatures of all the applicants or patent owners of the entire interest or their representative(s) are required. If more than one signature is required, submit multiple forms, check the box below, and identify the total number of forms submitted in the blank below.

A total of _____ forms are submitted.

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