POWER OF ATTORNEY TO ONE OR MORE OF THE JOINT INVENTORS AND CHANGE OF CORRESPONDENCE ADDRESS

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<th>Application Number</th>
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<td>First Named Inventor</td>
<td>Art Unit</td>
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<td>Examiner Name</td>
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NOTE: This form may be filed by pro se inventors (i.e., prosecuting the application without a registered patent practitioner) who are identified as the Applicant in the above-identified application. For a Power of Attorney to one or more registered patent practitioners, see form PTO/AIA/82.

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I hereby appoint the following joint inventor(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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  OR

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  City State Zip
  Country
  Telephone Email

I am the Inventor.

SIGNATURE of Inventor

Signature Date

Name Telephone

NOTE: Signatures of all the inventors are required. Submit multiple forms if more than one signature is required, see below. See 37 CFR 1.4 for signature requirements and certifications.

*Total of ______ forms are submitted.

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