

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.

<p>授权书 或 吊销授权书 改用新的授权书 及 更改通信地址 POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</p>	Application Number		
	Filing Date		
	First Named Inventor		
	Title		
	Art Unit		
	Examiner Name		
	Attorney Docket No.		

本人兹此吊销之前在上述申请中授予的所有授权书。
I hereby revoke all previous powers of attorney given in the above-identified application.

授权书随函提交。

A Power of Attorney is submitted herewith.

或者 OR

本人兹此任命与以下客户编号相关的执业者为我/我们的代理人或代理商，执行上述申请，并在美国专利与商标局处理所有相关事宜：

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

--

或者 OR

本人兹此任命与以下指明的执业者为我/我们的代理人或代理商，执行上述申请，并在美国专利与商标局处理所有相关事宜：

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

执业者姓名 Practitioner(s) Name	注册编号 Registration Number	执业者姓名 Practitioner(s) Name	注册编号 Registration Number

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.

<p>请确认或更改上述申请的通信地址: Please recognize or change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> 与上述客户编号相关的地址. The address associated with the above-mentioned Customer Number.</p> <p>或者 OR</p> <p><input type="checkbox"/> 与客户编号相关的地址: <input style="width: 150px; height: 30px;" type="text"/> The address associated with Customer Number:</p> <p>或者 OR</p>					
<input type="checkbox"/> 事务所或个人名称 Firm or Individual Name					
地址 Address					
城市 City		州 State		邮编 Zip	
国家 Country					
电话 Telephone		电子邮件 Email			
<p>本人是: I am the:</p> <p><input type="checkbox"/> 申请人/发明人. Applicant/Inventor.</p> <p>或者 OR</p> <p><input type="checkbox"/> 全部利益的记录受让人. 请参见 37 CFR 3.71 . Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.</p>					
<p>申请人或记录受让人的签名 SIGNATURE of Applicant or Assignee of Record</p>					
签名 Signature				日期 Date	
姓名 Name				电话 Telephone	
头衔和公司 Title and Company					
<p>注:所有发明人或全部利益的记录受让人或其代表都需要签名。如果一个以上的签名, 请提交多份表格, 请看下文*。 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>					
<p><input type="checkbox"/> *共提交 _____ 份表格。 *Total of _____ forms are submitted.</p>					

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS (Supplemental Sheet)		Attorney Docket No.	
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number