

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.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number		
	Filing Date		
	First Named Inventor		
	Title		
	Art Unit		
	Examiner Name		
	Attorney Docket No.		

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

A Power of Attorney is submitted herewith.
OR

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:

22511

OR

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:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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

The address associated with the above-mentioned Customer Number:
OR

The address associated with Customer Number:
OR

Firm or Individual Name

Address					
City		State		Zip	
Country		Telephone		Email	

I am the:

Applicant/Inventor.
OR

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 _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name		Telephone	
Title and Company			

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*.

*Total of _____ forms are submitted.

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