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## **POWER OF ATTORNEY BY APPLICANT**

I hereby revoke all previous powers of attorney given in the application identified in <u>either</u> the attached transmittal letter or the boxes below.						
Ann	liagtion Number	Eilie	na Data			
Арр	lication Number	FIIII	ng Date			
(Note: Th	e boxes above may be left blank	k if information is prov	vided on form PTO/A	 IA/82A.)		
I hereby appoint the Patent Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above:  OR						
I hereby appoint Practitioner(s) named in the attached list (form PTO/AIA/82C) as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the patent application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above. (Note: Complete form PTO/AIA/82C.)						
Please recognize or change the correspondence address for the application identified in the attached transmittal letter or the boxes above to:						
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I am the Applicant (if the Applicant is a juristic entity, list the Applicant name in the box):						
Inventor or Joint Inventor (title not required below)						
Legal Representative of a Deceased or Legally Incapacitated Inventor (title not required below)						
Assignee or Person to Whom the Inventor is Under an Obligation to Assign (provide signer's title if applicant is a juristic entity)						
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SIGNATURE of Applicant for Patent						
The undersigned (whose	title is supplied below) is authorize	ed to act on behalf of th	he applicant (e.g., whe	re the applicant is a juristic entity).		
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