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Patent Number PATENT - POWER OF ATTORNEY Issue Date OR First Named Inventor **REVOCATION OF POWER OF ATTORNEY** Title WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS 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: 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: The address associated with the above-identified Customer Number. The address associated with the Customer Number identified in the box at right: OR Firm or Individual Name Address City State Zip Country Telephone Fmail I am the: Inventor, having ownership of the patent. Patent owner. $^{f eta}$ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Signature Date Name Telephone Title and Company NOTE: Signatures of all the inventors 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. forms are submitted.

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