

<p>POWER OF ATTORNEY</p> <p>and</p> <p>Statement under 37 CFR 3.73(b)</p>	Application Number	
	Filing Date	
	First Named Inventor	
	Title	
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby appoint Practitioners at Customer Number: 31424 as my/our attorney(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to the above-mentioned Customer Number.

This Authorization shall also apply to any proceedings under the Patent Cooperation Treaty and/or Paris Convention (for any related international patent applications).

Subauthorization may be given.

I (we) hereby revoke all previous authorizations(s) in respect to the above application(s) or patents(s).

I am the:

- A. Applicant/Inventor
- B. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) follows, below.

If Box B (above) is checked, the assignee states that it is the assignee of the entire right, title, and interest in the patent application/patent identified above by virtue of either:

- A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
- B. A chain of title from the inventor, of the patent application/patent
 1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached
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- Copies of assignments or other documents in the chain of title are attached.

The Undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

SIGNATURE of Applicant or Assignee of Record

Name	
Signature	
Title	
Date	

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.