

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 TO INSPECT/COPY		Docket Number (Optional)																
In re Application of																		
Application Number		Filed																
Art Unit		Examiner																
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Paper No. _____																
Please permit the following person(s) to inspect and make copies of the above identified application:																		
Customer Name(s): <u>Sandra Gothard, Sharon Knott</u>																		
Badge Number(s): _____																		
Company Name (if any): <u>Capitol Patent Service, Inc.</u>																		
Telephone Number: <u>703-671-1301</u>																		
Fax Number: <u>703-671-1193</u>																		
I am an:																		
<input type="checkbox"/> Applicant.																		
<input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark Office at Reel _____ Frame _____, or for which a copy thereof is attached.																		
<input type="checkbox"/> Attorney or agent of record. Registration No. _____																		
<input type="checkbox"/> Attorney or agent named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 oath or declaration not filed). Registration No. _____																		
_____ Signature		_____ Date																
_____ Typed or printed name		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">FOR USPTO USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 2px;">If a CD is ordered:</td> </tr> <tr> <td style="padding: 2px;">Date CD ordered: _____</td> <td style="padding: 2px;">Date CD received: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date CD given to customer: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date CD returned by Customer: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">CD purchased? YES NO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Power to Inspect Approved by:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Unit: _____</td> </tr> </table>	FOR USPTO USE ONLY		If a CD is ordered:		Date CD ordered: _____	Date CD received: _____	Date CD given to customer: _____		Date CD returned by Customer: _____		CD purchased? YES NO		Power to Inspect Approved by:		Unit: _____	
FOR USPTO USE ONLY																		
If a CD is ordered:																		
Date CD ordered: _____	Date CD received: _____																	
Date CD given to customer: _____																		
Date CD returned by Customer: _____																		
CD purchased? YES NO																		
Power to Inspect Approved by:																		
Unit: _____																		
_____ Title (Officer of company or corporate assignee)																		
_____ Name of Assignee, if any (e.g., company name)																		
_____ Telephone Number																		

This collection of information is required by 37 CFR 1.14. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.