

**DECLARATION AND POWER OF ATTORNEY  
FOR APPLICATION FOR UNITED STATES DESIGN PATENT**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed (i.e., a claimed invention in the application) and for which a patent is sought on the invention entitled: \_\_\_\_\_

which is described and claimed in the specification:

**Check one**

- \* a.  attached hereto.  
b.  filed on \_\_\_\_\_ as Application No. \_\_\_\_\_.

The application was made or authorized to be made by me (each of us).

I have reviewed and understand the contents of the above-identified application, including the claim, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

**Authorization To Permit Access To Application by Participating Offices**

The undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h).

In accordance with 37 CFR 1.14(h)(3), please provide access to a copy of the application-as-filed with respect to: 1) the above-identified application, 2) any foreign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified US application, and 3) any U.S. application from which benefit is sought in the above-identified application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

**Priority Benefit**

Under Title 35, U.S. Code §119, the priority benefits of the following United States and/or foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than six months prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code (i.e., any willful false statement made in this declaration is punishable under Section 1001 of Title 18 by fine or imprisonment of not more than five (5) years, or both) and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**PAGE 2 OF U.S.A. DECLARATION FORM**

1 **Typewritten Full Name of First or Sole Inventor:** \_\_\_\_\_  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_  
Month Day Year

Residence: \_\_\_\_\_  
City State or Province Country

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_  
\_\_\_\_\_

1 **Typewritten Full Name of Second Joint Inventor (if any):** \_\_\_\_\_  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_  
Month Day Year

Residence: \_\_\_\_\_  
City State or Province Country

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_  
\_\_\_\_\_

1 **Typewritten Full Name of Third Joint Inventor (if any):** \_\_\_\_\_  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_  
Month Day Year

Residence: \_\_\_\_\_  
City State or Province Country

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_  
\_\_\_\_\_

1 **Typewritten Full Name of Fourth Joint Inventor (if any):** \_\_\_\_\_  
Given Name Middle Initial Family Name

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_  
Month Day Year

Residence: \_\_\_\_\_  
City State or Province Country

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_  
\_\_\_\_\_

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

**IF THERE ARE MORE THAN FOUR INVENTORS USE PAGE 3 AND PLACE AN "X" HERE**

**PAGE 3 OF U.S.A. DECLARATION FORM**  
**(Discard this page if fewer than five inventors)**

1 ***Typewritten Full Name***  
***of Fifth Joint Inventor (if any):*** \_\_\_\_\_

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_

Month	Day	Year
-------	-----	------

Residence: \_\_\_\_\_

City	State or Province	Country
------	-------------------	---------

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_

1 ***Typewritten Full Name***  
***of Sixth Joint Inventor (if any):*** \_\_\_\_\_

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_

Month	Day	Year
-------	-----	------

Residence: \_\_\_\_\_

City	State or Province	Country
------	-------------------	---------

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_

1 ***Typewritten Full Name***  
***of Seventh Joint Inventor (if any):*** \_\_\_\_\_

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_

Month	Day	Year
-------	-----	------

Residence: \_\_\_\_\_

City	State or Province	Country
------	-------------------	---------

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_

1 ***Typewritten Full Name***  
***of Eighth Joint Inventor (if any):*** \_\_\_\_\_

Given Name	Middle Initial	Family Name
------------	----------------	-------------

2 **\*\*Inventor's Signature:** \_\_\_\_\_

3 **\*\*Date of Signature:** \_\_\_\_\_

Month	Day	Year
-------	-----	------

Residence: \_\_\_\_\_

City	State or Province	Country
------	-------------------	---------

Citizenship: \_\_\_\_\_

Post Office Address:  
(Insert complete mailing address, including country) \_\_\_\_\_

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.