

**DECLARATION FOR CONTINUATION-IN-PART APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

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 names are listed below) of the subject matter which is claimed (i.e., a claimed invention in the application) and for which a patent is sought, namely the improvement in: \_\_\_\_\_

described and claimed in the specification:

- a.  attached hereto;  
 b.  filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable);

and that this application in part discloses and claims subject matter disclosed in the earlier filed pending application, Application No. \_\_\_\_\_, filed \_\_\_\_\_. I hereby state that I have reviewed and understand the contents of this application, including the claims, as amended by any amendment referred to above; and that I acknowledge my 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.

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

**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 foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to said earlier filed pending application are hereby claimed:

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said earlier filed pending application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

As to any and all subject matter of this application which is not common to said earlier application, I acknowledge my 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, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

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

The following application(s) for patent or inventor's certificate on such subject matter were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing of the above-named foreign priority application(s) and/or United States provisional application(s):

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF PLC, CUSTOMER NUMBER 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.

1        *Typewritten Full Name  
of Sole or First 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) \_\_\_\_\_

**\*\*NOTE TO INVENTOR(S):** Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN TWO INVENTORS USE PAGE 3 AND PLACE AN "X" HERE .

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)

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)