

<b>REEXAMINATION - THIRD PARTY REQUESTER POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Control Number(s)	
	Filing Date(s)	
	First Named Inventor	
	Title	
	Patent Number	
	Examiner Name	
	Attorney Docket No(s).	

I hereby revoke all previous requester powers of attorney given in the above-identified reexamination proceeding control number(s).

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceeding(s) 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) to prosecute the proceeding(s) 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 reexamination proceeding control number(s) (more than one may be changed **only** if they are merged proceedings) to be:

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Address

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I am the *third party* requester.

Proof of authority to act on behalf of requester submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Third Party Requester**

Signature

Date

Name

Telephone

Title and Company

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