

POWER OF ATTORNEY BY APPLICANT

Attorney Docket No. _____

I hereby revoke all previous powers of attorney given in the above-identified patent application.

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

98478

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the application identified in the attached transmittal letter to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

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I am the Applicant:

☐ Inventor or Joint Inventor

☐ Legal Representative of a Deceased or Legally Incapacitated Inventor

☒ Assignee or Person to Whom the Inventor is Under an Obligation to Assign

☐ Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document)

SIGNATURE of Applicant for Patent

Signature

Date

Name

Telephone

Title and Company RESEARCH&DEVELOPMENT DIRECTOR*ACTRON TECHNOLOGY CORPORATION

NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms for more than one signature, see below *.

☐ *Total of _____ forms are submitted.