

Substitute for form 1449/PTO

*(Use as many sheets as necessary)*

**Complete if Known**

Application Number

Filing Date

**First Named Inventor**

## Art Unit

Examiner Name

Attorney Docket Number

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of

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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