

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐

Declaration  
Submitted  
With Initial  
Filing

OR

☐

Declaration  
Submitted After Initial  
Filing (surcharge  
(37 CFR 1.16(f))  
required)

Attorney Docket  
Number

First Named Inventor

*COMPLETE IF KNOWN*

Application Number

Filing Date

Art Unit

Examiner Name

*(Title of the Invention)*

As a below named inventor, I hereby declare that:

This declaration is directed to:

☐

The attached application,

OR

☐

United States Application Number or PCT International application number \_\_\_\_\_

filed on \_\_\_\_\_.

The above-identified application was made or authorized to be made by me.

I believe I am the original inventor or an original joint inventor of a claimed invention in the application.

I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Direct all  
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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## DECLARATION — Utility or Design Patent Application

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### LEGAL NAME OF SOLE OR FIRST INVENTOR:

(E.g., Given Name (first and middle if any) and Family Name or Surname)

Inventor's Signature

*Kyle Wilson*

Date (Optional)

Residence: City

State

Country

Mailing Address

City

State

Zip

Country

☐

Additional inventors are being named on the

Supplemental sheet(s) PTO/AIA/10 attached hereto

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