······································			
PROVISIONAL	APPI ICATION	FOR PATENT	COVER SHEET

	filing a PROVISION	AL APPLICATION	FOR PATENT unde	r 37 CFR 1.53(c).
Express Mail La	bel No.			
		INVENTOR(S)		
iven Name (first and middle [if any])	Family Name o	()		Residence
			(Cit	ty and either State or Foreign Countr
dditional inventors are being named on th			tely numbered shee	ets attached hereto
1	TITLE OF THE INV	ENTION (500 ch	naracters max):	
rect all correspondence to:	CORRESPO		SS	
The address corresponding to Custo	mer Number:			
Firm or Individual Name				
Idress				
a.,		Stata		Zin
у		State		Zip
untry		Telephone		Fax
ENC	LOSED APPLICA	TION PARTS (c	heck all that app	ly)
			CD(a) Number of (
Specification Number of Pages	· · · · · · · · · · · · · · · · · · ·		CD(s), Number of (
Drawing(s) <i>Number of Sheets</i>			Other (specify)	
Application Data Sheet. See 37 CFR	1.76			
		-		
THOD OF PAYMENT OF FILING FEES	5 FOR THIS PROVIS	SIONAL APPLICAT	ION FOR PATENT	
Applicant claims small entity status.	See 37 CFR 1.27.			FILING FEE
A check or money order is enclosed	to cover the filing for			Amount (\$)
		.5.		
Payment by credit card. Form PTO-2	038 is attached.			
The Director is hereby authorized to A duplicative copy of this form is			nent to Deposit Acco	ount Number:
The invention was made by an agen			inder a contract with	n an agency of the United States
Government. No.				
└ Yes, the name of the U.S. Governme	ent agency and the G	overnment contrac	t number are:	
	······	<u></u>		
GNATURE			Date	
PED or PRINTED NAME				ATION NO
ELEPHONE			<i>(if appropri</i> Docket Nu	
USE ON	LY FOR FILING A P		LICATION FOR PA	TENT
is collection of information is required by 37 C process) an application. Confidentiality is gov luding gathering, preparing, and submitting th the amount of time you require to complete th d Trademark Office, U.S. Department of Com	verned by 35 U.S.C. 12 e completed application his form and/or suggest	2 and 37 CFR 1.11 and form to the USPTO. ions for reducing this	and 1.14. This collecti Time will vary depen- burden, should be sen	ion is estimated to take 8 hours to comp ding upon the individual case. Any comm at to the Chief Information Officer, U.S. Pa

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PROVISIONAL APPLICATION COVER SHEET Additional Page

PTO/SB/16 (09-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

First Named Inventor	Docket	Docket Number						
INVENTOR(S)/APPLICANT(S)								
Given Name (first and middle [if any])	Family or Surname	Residence (City and either State or Foreign Country)						

_____ of__ Number _

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.