Address to:	Attorney Docket No.:
Mail Stop Inter Partes Reexam Commissioner for Patents	Date:
P.O. Box 1450	
Alexandria, VA 22313-1450	
This is a request for <i>inter partes</i> reexamin	nation pursuant to 37 CFR 1.913 of patent number
issued	. The request is made by a third party requester, identified herein below.
] a. The name and address of the person r	equesting reexamination is:
b. The real party in interest (37 CFR 1.91	15(b)(8)) is:
a. A check in the amount of \$	is enclosed to cover the reexamination fee, 37 CFR 1.20(c)(2);
	harge the fee as set forth in 37 CFR 1.20(c)(2)
to Deposit Account No c. Payment by credit card. Form PTO-20	(submit duplicative copy for fee processing); or 38 is attached.
☐ Any refund should be made by □ che	ck or credit to Deposit Account No credit card, refund must be made to credit card account.
A copy of the patent to be reexamined hat paper is enclosed. 37 CFR 1.915(b)(5)	aving a double column format on one side of a separate
CD-ROM or CD-R in duplicate, Compute	er Program (Appendix) or large table
Nucleotide and/or Amino Acid Sequence If applicable, items a. – c. are required.	Submission
a. Computer Readable Form (CRF)	
<ul> <li>b. Specification Sequence Listing on:</li> <li>i CD-ROM (2 copies) or CD-R (</li> </ul>	(2 copies); <b>or</b>
ii 🔲 paper	
c. Statements verifying identity of abo	
A copy of any disclaimer, certificate of c included.	correction or reexamination certificate issued in the patent is
Reexamination of claim(s)	is requested.
A copy of every patent or printed publi	ication relied upon is submitted herewith including a listing
thereof on Form PTO/SB/08, PTO-144	49, or equivalent.

This collection of information is required by 37 CFR 1.915. 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 2 hours 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: Mail Stop Inter Partes Reexam, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of in	formation unless it displays a valid OMB control number.		
12. The attached detailed request includes at least the following items:			
a. A statement identifying each substantial new question of patentability based on prior			
patents and printed publications. 37 CFR 1.915(b)(3) b. An identification of every claim for which reexamination is requested, and a detailed			
explanation of the pertinency and manner of applying the cited art to every claim			
for which reexamination is requested. 37 CFR 1.915(b)(1) and (3)			
13. It is certified that the estoppel provisions of 37 CFR 1.907 do not prohibit 37 CFR 1.915(b)(7)	this reexamination.		
14. a. It is certified that a copy of this request has been served in its entirety on owner as provided in 37 CFR 1.33(c).	the patent		
The name and address of the party served and the date of service are:			
Date of Service:	; or		
b. A duplicate copy is enclosed since service on patent owner was not pos	sible.		
15. Correspondence Address: Direct all communications about the application to:			
The address associated with Customer Number:			
OR Firm or			
L Individual Name			
Address			
City State	Zip		
Country			
Telephone Fax			
16. The patent is currently the subject of the following concurrent proceeding(s):			
a. Copending reissue Application No     b. Copending reexamination Control No     c. Copending Interference No			
□ d. Copending Interference No			
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be included on this form. Provide credit card information and authoriza	tion on PTO-2038.		
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Typed/Printed Name	Registration Number, if applicable		