Request for Customer Number Data Change

Address to: Mail Stop EBC Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

To the Commissioner for Patents:										
Please record the following data changes to Customer Number:										
Please change Address to:										
Firm or Individual Name										
Address										
City			Stat	e			Z	Zip		
Country										
Telephone				Fax	ĸ					
D Please	e delete the fo	llowing practitione	r registratio	n nu	ımber(s) f	rom the Cu	istomer N	umbe	er indicate	ed above.
			lingionau							
Please add the following practitioner registration number(s) from the Customer Number above:										
Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto (PTO/SB/124B or equivalent)										
Request Submitted by: (must be a person, e.g. registered practitioner, associated with the customer number shown above)										
Firm Name (if applicable)										
Signature										
Name of Per							Registrat	ion		
Submitting re Telephone N						Date	No.			
This collection of i	information is require	ed by 37 CER 1 33 The	information is r	aquirod	to obtain or r	rotain a bonofit l	by the public :	which is	to filo (and	by the LISPTO

This collection of information is required by 37 CFR 1.33. 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 12 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: Mail Stop EBC, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option.

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Under the Paperwork Reduction Act of 1995,	no persons are required to respond to a collection of ir	information unles	s it displays a valid 0	OMB control number.

Request for Customer Number	Practitioner Registration Number Supplemental Sheet						
Data Change	Page	of	Pages				
To the Commissioner for Patents:							
Please record the following data Changes to Customer Number:							
Please delete the following practitioner registration number(s) from the Customer Number indicated above:							
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Please add the following practitioner re		wher(s) to the Custome	r Number indicated above:				
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Firm Name							
Date		Additional supple	mental sheet(s) attached hereto				

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