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PTO/SB/21 (04-07) Approved for use through 09/30/2007.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of a collection of information unless it displays a valid OMB control number. perwork Reduction Act of 1995, no persons are required to respond to a co **Application Number** 11/617.893 TRANSMITTAL Filing Date December 29, 2006 First Named Inventor **FORM** Wiser et al. Art Unit 1724 **Examiner Name** Unknown (to be used for all correspondence after initial filing) Attorney Docket Number EDG-PT1248A Total Number of Dages in This Submission

		ges in This Submission								
	ENCLOSURES (Check all that apply)									
	Fee Transmi			Drawing(s)		Appea	Allowance Communication to TC			
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)			Appeals and Interferences Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter ✓ Other Enclosure(s) (please Identify below): Return Postcard				
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Remarks (ILEVLA0511165US							
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Date	(Se	eptember 11, 2008)	Reg. No.	51,29	51,294				
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Application Number	11/617,893					
Filing Date	December 29, 2006					
First Named Inventor	Wiser et al.					
Art Unit	1724					
Examiner Name	Not Yet Known					
Attorney Docket Number	EDG-PT1248A					

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint the practitioners associated with the Customer Number: 3624									
Please change the correspondence address for the above-identified application to: The address associated with									
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I am the: Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement upder 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
	Signature Survoid Chuse								
Name	For	DEWOOD C. Wiser							
Date	9/1	ઇ જિ		Telephone 609 -			924-4489		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total offorms are submitted.									

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