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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	11/618,555
	Filing Date	December 29, 2006
	First Named Inventor	Forwood Wisner
	Art Unit	1724
	Examiner Name	Unknown
	Attorney Docket Number	EDG-PT1247
Total Number of Pages in This Submission		

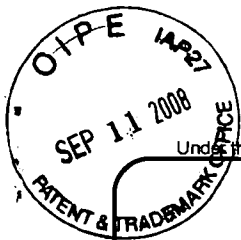
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Volpe and Koenig, P.C.		
Signature			
Printed name	Stephen B. Schott		
Date	September 11, 2008	Reg. No.	51,294

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REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	11/618,555
	Filing Date	December 29, 2006
	First Named Inventor	Forwood Wiser
	Art Unit	1724
	Examiner Name	Not Yet Known
	Attorney Docket Number	EDG-PT1247

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:

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OR

<input type="checkbox"/> Firm or Individual Name	Volpe and Koenig, PC			
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Forwood C. Wiser		
Date	9/10/08	Telephone	609-224-4489

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*.

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