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POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in either the attached transmittal letter or the boxes below.

Table with 2 columns: Application Number (14/611,595) and Filing Date (2/2/2015)

(Note: The boxes above may be left blank if information is provided on form PTO/AIA/82A.)

I hereby appoint the Patent Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above: 120281

I hereby appoint Practitioner(s) named in the attached list (form PTO/AIA/82C) as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the patent application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above. (Note: Complete form PTO/AIA/82C.)

Please recognize or change the correspondence address for the application identified in the attached transmittal letter or the boxes above to:

The address associated with the above-mentioned Customer Number OR The address associated with Customer Number: 120281

Form fields for Firm or Individual Name (Schott, P.C.), Address, City, State, Zip, Country, Telephone, and Email.

I am the Applicant (if the Applicant is a juristic entity, list the Applicant name in the box):

- Checkboxes for roles: Inventor or Joint Inventor, Legal Representative of a Deceased or Legally Incapacitated Inventor, Assignee or Person to Whom the Inventor is Under an Obligation to Assign, Person Who Otherwise Shows Sufficient Proprietary Interest.

SIGNATURE of Applicant for Patent

The undersigned (whose title is supplied below) is authorized to act on behalf of the applicant (e.g., where the applicant is a juristic entity).

Signature fields for Benjamin Ditzler, including Signature, Name, Title, and Date (Optional) 2/2/15.

NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. If more than one applicant, use multiple forms.

Total of 1 forms are submitted.