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### DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention

PASSIVE RFID BASED HEALTH DATA MONITOR

As the below named inventor, I hereby declare that:

This declaration is directed to:  The attached application, or  United States application or PCT international application number \_\_\_\_\_ filed on \_\_\_\_\_.

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.


I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

#### WARNING:

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#### LEGAL NAME OF INVENTOR

Inventor: Shrenik Vora Date (Optional): 5/17/16

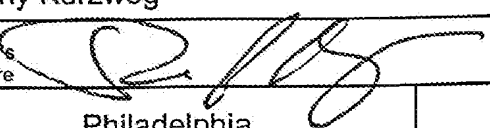
Signature: 

Note: An application data sheet (PTO/SB/14 or equivalent), including naming the entire inventive entity, must accompany this form or must have been previously filed. Use an additional PTO/AIA/01 form for each additional inventor.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. 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 1 minute 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: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SUPPLEMENTAL SHEET FOR DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet (for PTO/AIA/08,09)Page 2 of 3

<b>Legal Name of Additional Joint Inventor, if any:</b> (E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
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Residence: City	State	Country	
Mailing Address			
City	State	Zip	Country
<b>Legal Name of Additional Joint Inventor, if any:</b> (E.g., Given Name (first and middle (if any)) and Family Name or Surname)			
Inventor's Signature			Date (Optional)
Residence: City	State	Country	
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