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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT AND  
CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number

Filing Date

First Named Inventor

Art Unit

Examiner Name

Practitioner Docket  
Number

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above-identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |                                                             |                                       |                                       |
|-------------------------------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 11.116(a)(1)                       | <input type="checkbox"/> 11.116(a)(2) | <input type="checkbox"/> 11.116(a)(3) |
| <input type="checkbox"/> 11.116(b)(1)                       | <input type="checkbox"/> 11.116(b)(2) | <input type="checkbox"/> 11.116(b)(3) |
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| <input type="checkbox"/> 11.116(b)(7) Please explain below: |                                       |                                       |

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☐ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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I am authorized to sign on behalf of myself and all withdrawing practitioners.

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**NOTE: Withdrawal is effective when approved rather than when received.**

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