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| <h2 style="margin: 0;">Request for<br/>Customer Number</h2> | <p><b>Address to:</b></p> <p>Mail Stop CN<br/>                 Commissioner for Patents<br/>                 P.O. Box 1450<br/>                 Alexandria, VA 22313-1450</p> |
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Although the Requester acknowledges that Internet communications are not secure, the Requester hereby authorizes the USPTO to send the assigned customer number by e-mail to the email address listed below.

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| Firm or Individual Name  |                      |                      |                      |                      |
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| City   |                      | State                |                      | Zip                  |
| Country  |                      |                      |                      |                      |
| Telephone  |                      | Email                |                      |                      |
| Please associate the following practitioner registration number(s) with the Customer Number assigned to the address cited above. |                      |                      |                      |                      |
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| Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto.                                |                      |                      |                      |                      |
| <b>Request Submitted by:</b>   |                      |                      |                      |                      |
| Firm Name (if applicable)  |                      |                      |                      |                      |
| Signature  |                      |                      |                      |                      |
| Name of person submitting request  |                      |                      | Date                 |                      |
| Registration Number, if applicable   |                      |                      | Telephone Number     |                      |

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| <h2 style="margin: 0;">Request for<br/>Customer Number</h2> | <h2 style="margin: 0;">Practitioner Registration Number<br/>Supplement Sheet</h2> |
| Page  | of  |
| Pages   |   |

Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited on Request for Customer Number form attached.

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| Firm Name |  |
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| Date |  | Additional supplemental sheets(s) attached hereto |
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