Complete if Known Substitute for form 1449/PTO Application Number Not Yet Assigned INFORMATION DISCLOSURE Filing Date Concurrently Herewith STATEMENT BY APPLICANT First Named Inventor Mark Catchpole Art Unit N/A (Use as many sheets as necessary) **Examiner Name** Not Yet Assigned Sheet 1 2 149369-00103 of Attorney Docket Number

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (<i>if known</i>)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner	Date	
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l s	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Mark Catchpole		
				Art Unit	N/A		
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Sheet	2	of	2	Attorney Docket Number	149369-00103		

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Examiner Initials [*]	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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