

 <p>The Patent Law Office of D.R. Haszko</p>	<p style="text-align: center;">CONFIDENTIAL WHEN COMPLETED</p> <p>E-Mail, Fax, or Mail to: Dennis R. Haszko Patent Law Office of D. R. Haszko 499 Mosher Hill Road Farmington, Maine 04938-5405 USA</p> <p>Phone: (207) 615-0424 Fax: (207) 615-0433 Email: DRH@LettersPatent.com</p>
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RECORD OF INVENTION

TITLE OF INVENTION: _____

INVENTORSHIP

(Please provide the full name, citizenship, and the postal and residential addresses of all individuals who participated in the development of this invention.)

FIRST INVENTOR

LAST NAME,	First Name	Middle Name
Citizenship		
Full Mailing address		
Full Residential Address (if different from Mailing Address)		
Telephone Number		
Email Address		

(Please add additional pages for further inventors.)

DISCLOSURE OF INVENTION

Has this invention been disclosed in any way including public discussions or presentations, publication in any newspaper, journal, website, or tradeshow, or otherwise in any public display or demonstration? _____

If YES, then please provide the date and details of the disclosure. _____

Has this invention been used, sold, or offered for sale anywhere in the world? _____

If YES, please provide details of such use, sale, or offer for sale including dates and locations of such. _____

_____.

Invention Purpose:

Please describe the technological field of the invention: _____

List and describe all problem(s) that the invention solves: _____

Describe how the problem(s) above have previously been solved by others; list specific products, competitors, published documentation or websites, or related patents if known: _____

Please provide as many drawings as necessary to completely show construction and operation of the invention. These can include good, hand-drawn sketches and may involve photographs, block diagrams, and flow charts. Use additional sheets as necessary.

DRAWINGS

A large, empty rectangular box with a thin black border, intended for the inventor to provide drawings of the invention. The box occupies most of the page below the instructions.

DECLARATION AND WITNESS

(Please provide additional signature pages if necessary for additional inventors)

It is hereby declared that I (we) conceived of the invention described in this
RECORD OF INVENTION on or before
_____ (DATE OF INVENTION).

Printed Name of Inventor

Signature of Inventor

Date

OPTIONAL NOTARIZATION

STATE/PROVINCE OF _____)

COUNTY/CITY OF _____)

On this _____ day of _____, 200____, before me, a public notary
within and for the County/City and State/Province, personally appeared the individual stated
above, to me known to be the individual described herein and whose signature appears above.

[stamp]

PUBLIC NOTARY

MY COMMISSION
EXPIRES: _____