

**Power of Attorney
and
Correspondence
Address
Indication Form**

Serial No.:
Filing Date:
Mark:
Examiner Name:
Law Office:
Attorney Docket No.:

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint practitioners associated with Emerson, Thomson & Bennett, LLC as shown below:

| | |
|--------------------|-----------------|
| Timothy D. Bennett | Reg. No. 42,312 |
| Roger D. Emerson | Reg. No. 33,169 |
| Daniel A. Thomson | Reg. No. 43,189 |
| Nathan B. Webb | Reg. No. 61,758 |
| Barry A. Winkler | |

as our attorneys or agents to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

Emerson, Thomson & Bennett, LLC
777 West Market Street
Akron, OH 44303

330.434.9999 Phone
330.434.8888 Fax

I am the:

- Applicant
- Assignee of record of the entire interest (PTO/SB/96 attached)

Signature of Applicant or Assignee of Record:

| | | | |
|--------------------|-------|--------|-------|
| Signature: | _____ | Date: | _____ |
| Name: | _____ | Phone: | _____ |
| Title and Company: | _____ | | |