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COMPLAINT REGARDING INVENTION PROMOTER

Instructions: Read the reverse side of this form before completing and submitting the form. Complete as much of the form as possible and return it to the U.S. Patent and Trademark Office at the address given on the reverse side. Please type or write clearly.

Invention Promoter's Name: <u>Invention Submission Corp</u> Telephone # <u>412-288-1300</u>		
Invention Promoter's Address: 217 Ninth Street		
City_Pittsburgh	State_PA	Zip Code 15222-3506
Complainant's Name: Sabrina Giliberti	Telephone	
Complainant's Address:		
City	State	
Customer's Name: N/A		DOCUMENT REDACTED Exemption 6, FOIA
WHAT IS YOUR C	OMPLAINT?	5 USC 552(b)(6)
Please be as specific as possible. Specify the invention promotion services offered to be performed or performed, provide the name of the mass media in which the invention promoter advertised as providing such services, and explain the relationship between the customer and the invention promoter. If additional space is needed, the information may be provided on paper attached to this form. Ref: ISC File No.		
I came to you because of your advertisement on TV.		
I am totally dissatisfied with the representative and the		
services he and the company provided. The representative		
indicated to me that I would make a lot of money with my		
invention and I have made nothing.		
I demand a complete refund of my \$11,695.00 immediately.		
		1 1

Signed:

Date: 8/6/01

Burden Hour Statement, This collection of information is provided for by 35 U.S.C. § 297(d). The information regarding invention promoters will be released to the public. This form is estimated to take 15 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the ChieFluformation Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.