

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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, Mail Stop 24, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or fax to (571) 273-0170. Please type or write clearly.

Name of the Invention Promotion Company: INVENT HELP/UNIVERSAL PAYMENT CORP/INTROMARK
 Invention Promoter's Address: P.O. Box 36402
 City Pittsburgh State PA Zip Code 15251
 Complainant's Name: TIMOTHY WATERS
 Complainant's Address: [REDACTED]
 City [REDACTED] State [REDACTED] Zip Code [REDACTED]
 Customer's Name: _____

WHAT IS YOUR COMPLAINT?

Please be as specific as possible within the space provided

Name of mass media invention promoter advertised in: (i.e., TV, Radio, Newspaper, Magazine, Other)

Direct TV

Invention promotion services offered to be performed:

INVENTION SUBMISSION, marketing, licensing, & promotion

Explanation of complaint between customer and invention promoter:

SEE ATTACHED LETTER FOR MORE DETAILS

Signed: _____

Date: _____