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## COMPLAINT REGARDING INVENTION PROMOTER

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Name of the Invention Promotion Company:	on Inventegration	
Invention Promoter's Address: RIDC Page	K 595 Alpha drive	
City Pi+ts burg State	PA Zip Code 1523	8-2911
Complainant's Name: Chaeles Me	cil	
Complainant's Address:		
City State	Zip Code	
Customer's Name:		
WHAT IS YOUR COMPLAINT?		
Please be as specific as possible within the space provided	1 .	
Name of mass media invention promoter advertised in: (	i.e., TV, Radio, Newspaper, Magazine, Other)	
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Invention promotion services offered to be performed:	licenser my Invention	<u> </u>
Explanation of complaint between customer and invention	n promoter:	
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Signed:	Date: 10/4/05	

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 U.S. Patent and Trademark Office, Mail Stop Chief Information Officer, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.