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PATENT SEARCH REQUEST

Your Name and Address:

Name: _____

Address: _____

Your Phone & E-Mail:

Phone _____ Fax _____

Email: _____

Invention Name _____

1. Please Describe the Invention in a short description:

2. Please describe what your invention "does" or what task it performs.

3. Why does your device do "what it does" better, than the devices which are already being sold and might provide the same function?

4. DRAWING:

Please attach a sketch of the device, (simple) that shows how it works, and what it would look like. The sketch or photo can be simple and need not be professional, you are trying to educate our patent attorney.

5. OTHER:

Please attach anything else you feel will help us understand your invention.
(photos, sketches, pictures of other devices, etc.)

6. PAYMENT

A Check(s) or credit card authorization for the following charges:

- Check to "Donn K. Harms, Patent Attorney " for legal fees: \$750.00 , or,
- an authorization to use a credit card for the charges of \$750.00

: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature for File: _____

7. Mail or Fax this form with payment and any drawings or other materials to:

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