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# POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in either the attached transmittal letter or the boxes below.

<b>Application Number</b>	<b>Filing Date</b>

(Note: The boxes above may be left blank if information is provided on form PTO/AIA/82A.)

- I hereby appoint the Patent Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above: 37833
- OR**
- I hereby appoint Practitioner(s) named in the attached list (form PTO/AIA/82C) as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the patent application referenced in the attached transmittal letter (form PTO/AIA/82A) or identified above. (Note: Complete form PTO/AIA/82C.)

**Please recognize or change the correspondence address for the application identified in the attached transmittal letter or the boxes above to:**

- The address associated with the above-mentioned Customer Number
- OR**
- The address associated with Customer Number:
- OR**

Firm or Individual Name

Address

City  State  Zip

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I am the Applicant (if the Applicant is a juristic entity, list the Applicant name in the box):

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- Inventor or Joint Inventor (title not required below)
- Legal Representative of a Deceased or Legally Incapacitated Inventor (title not required below)
- Assignee or Person to Whom the Inventor is Under an Obligation to Assign (provide signer's title if applicant is a juristic entity)
- Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document) (provide signer's title if applicant is a juristic entity)

**SIGNATURE of Applicant for Patent**

The undersigned (whose title is supplied below) is authorized to act on behalf of the applicant (e.g., where the applicant is a juristic entity).

Signature  Date (Optional)

Name  Dr. Abdulrahman Essa Al Lily

Title  Dean of Research

**NOTE:** Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. If more than one applicant, use multiple forms.

Total of  forms are submitted.