

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (25 characters maximum)
HP09/II22000685/US2279368

Box No. I TITLE OF INVENTION

Cell eMap Live Updates System

Box No. II APPLICANT

This person is also inventor.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence (if no State of residence is indicated below.)

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* E-mail authorization: Indicating an e-mail address above authorizes the receiving Office, the International Searching Authority and the International Bureau, if they provide such a service, to send notifications exclusively by e-mail to that address, unless the following box is marked:

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State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

all designated States

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

NONE

E-mail address*

N/A

Telephone No.

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Agent's registration No. with the Office

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