

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/II22000791/US2282343

Box No. I TITLE OF INVENTION	
Emergency Traffic Lights Routing System	
Box No. II APPLICANT <input checked="" type="checkbox"/> 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.) PHAM, HENRY VIET 111 S. GARDEN ST. ANAHEIM, CA 92806 UNITED STATES OF AMERICA	E-mail address* HenryVPham@Gmail.com Telephone No. 714-686-0927 Facsimile No. Applicant's registration No. with the Office
* 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: <input checked="" type="checkbox"/> notifications are requested to be sent exclusively by postal mail.	
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<input type="checkbox"/> 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: <input type="checkbox"/> agent <input type="checkbox"/> 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. N/A Facsimile No. Agent's registration No. with the Office
* 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: <input type="checkbox"/> notifications are requested to be sent exclusively by postal mail.	
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