

TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE REGISTERED PRACTITIONERS

NOTE: This form is to be submitted with the Power of Attorney by Applicant form (PTO/AIA/82B) to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5, unless the application number and filing date are identified in the Power of Attorney by Applicant form. If neither form PTO/AIA/82A nor form PTO/AIA82B identifies the application to which the Power of Attorney is directed, the Power of Attorney will not be recognized in the application.

Application Number	Not Yet Assigned		
Filing Date	Concurrently Herewith		
First Named Inventor	Mark C. Miner		
Title	Shoe Sole		
Art Unit	N/A		
Examiner Name	Not Yet Assigned		
Attorney Docket Number	015127.02485\US		
SIGNATURE of Applicant or Patent Practitioner			
Signature	/Robert S. Katz/	Date (Optional)	May 31, 2014
Name	Robert S. Katz	Registration Number	36,402
Title (if Applicant is a juristic entity)			
Applicant Name (if Applicant is a juristic entity)			
<p>NOTE: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications. If more than one applicant, use multiple forms.</p>			
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.			

POWER OF ATTORNEY BY APPLICANT

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

- ☒ I hereby appoint 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 equivalent):

22907

OR

- ☐ I hereby appoint Practitioner(s) named below 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 equivalent):

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the application identified in the attached transmittal letter 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

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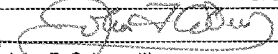
Telephone

Email

I am the Applicant:

- ☐ Inventor or Joint Inventor
- ☐ Legal Representative of a Deceased or Legally Incapacitated Inventor
- ☒ Assignee or Person to Whom the Inventor is Under an Obligation to Assign
- ☐ 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)

SIGNATURE of Applicant for Patent

Signature		Date	November 14, 2012
Name	John F. Coburn, III	Telephone	503.671.4453
Title and Company	Secretary, NIKE, Inc.		

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. Submit multiple forms for more than one signature, see below *.

- ☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.