RPC NO	RPC Use Only	ACCT. NAME
KICNO.	KI C Ose Only	ACCI. NAIVIE

WYOMING RESEARCH PRODUCTS CENTER

ADDITIONAL INVENTORS FORM

3. INVENTOR(S) (Continued from Technology Disclosure Form)

TOR	Name:				Position:	Position:				
INVEN		Dept:	Vork Phone:	k Phone:			Work Fax:			
FOURTH INVENTOR	_	Email:			Home Phone:					
FOU		Home Address:		City:			State:	Zip:		
FIFTH INVENTOR	4	Name: Position:								
	4	Dept:	Work Phone:			Work Fax:				
TH IN	Email:				Home Phone:					
FIF		Home Address: City:					State:	Zip:		
SIXTH INVENTOR		Name:			Position:					
	4	Dept:	Vork Phone:	rk Phone:			Work Fax:			
		Email:				Home Phone:				
SIX	Home Address:			City:			State:	Zip:		
 7. BY SIGNING THIS TECHNOLOGY DISCLOSURE, EMPLOYEES OF THE UNIVERSITY OF WYOMING UNDERSTAND THEY ARE SUBJECT TO THE UNIVERSITY'S POLICIES, INCLUDING, BUT NOT THE LEAST OF THE UNIVERSITY'S INTELLECTUAL PROPERTY, UNIREG 641 AND CONFLICT OF INTEREST POLICIES. THE UNIVERSITY OF WYOMING, ITS EMPLOYEES, TRUSTEES, OFFICERS, STUDENTS, INTERNS AND CONSULTANTS EXTEND NO WARRANTIES AND ACCEPT NO LIABILITY BY PROVIDING INTELLECTUAL PROPERTY SERVICES TO INVENTORS. THE UNIVERSITY PRESERVES ITS CONTRACTUAL SOVEREIGN IMMUNITY. 8. DECLARATION 										
I hereby declare that all statements made in the UW Technology Disclosure Form of my own knowledge are true, and that all statements made on information and belief are believed to be true.										
	_	Inventor's Name:	Signature:	Signature:			Do	ute:		
	_	Inventor's Name:	Signature:	Signature:			Date:			
	Inventor's Name: Signature:							Date:		