

## Invention Disclosure Form

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Instructions: Please fill out this form as completely as possible. If needed, please use additional pages. If you have questions regarding this disclosure, please call Mike Schramm at 801-710-7793. When complete, please e-mail to [mike@schrammpatent.com](mailto:mike@schrammpatent.com).

Inventor Contact Information			
Inventor(s)	Mailing Address	Phone	E-mail address
1)			
2)			
3)			

**OWNERSHIP** Does the above listed inventor(s) own the invention?    ☐ Yes    ☐ No  
If "No", please provide ownership information (e.g. a company, 3<sup>rd</sup> party investor, etc.): \_\_\_\_\_  
\_\_\_\_\_

Submitter Contact Information (if not the inventor)			
Name	Mailing Address	Phone	E-mail address

**INVENTION TITLE** Please list a proposed invention title: \_\_\_\_\_  
\_\_\_\_\_

**PRIOR USE, SALE, OR PUBLICATION** Please identify any prior use, sale, or publication of the invention including the dates of such: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR ART** Please list any patents and patent applications, including your own, that may be related to the invention: \_\_\_\_\_  
\_\_\_\_\_

**QUOTATION** I would like a quote for:

- ☐ A prior art search/patentability opinion      ☐ A Design patent application
- ☐ A provisional patent application      ☐ A nonprovisional (utility) patent application

**INVENTION DISCLOSURE** To the best of your ability, please describe your invention (including structure, materials, methods of use/operation, etc.) and why/how it is better than what is currently available. Include any sketches /photos as needed. Add as many additional sheets as needed:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.