

# OFFICIAL RECORD OF INVENTION

Please print your responses clearly, and add or attach any necessary drawings, figures, or pictures. After completing, e-mail, fax (843) 968-1014, or mail to:

**Patents Atlantic, Inc.**  
Attn: P. Jeff Martin  
3100 Dick Pond Rd., Suite E  
Myrtle Beach, SC 29588

**B**e it known to all that:

Inventor, \_\_\_\_\_

Co-Inventor, \_\_\_\_\_

\_\_\_\_\_ has created the original product idea/concept now known as:

\_\_\_\_\_

and has on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ disclosed

the invention in design and function as described on the following pages which is fully understood by the witnesses below.

\_\_\_\_\_  
Inventor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Co-Inventor

\_\_\_\_\_  
Witness

## STATEMENT OF COMPLETE CONFIDENTIALITY

*This information shall be protected and maintained as Confidential. Patents Atlantic and its employees shall not knowingly reveal a confidence or secret of a customer, shall not use a confidence of a customer to the disadvantage of a customer, nor knowingly use a confidence or secret of a customer for the advantage of himself or a third person.*



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Registered Patent Attorney

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## IMPORTANT INFORMATION

Has a Patent/Trademark/Copyright search been performed? \_\_\_\_\_  
When? \_\_\_\_\_

Has a Patent/Trademark/Copyright been filed? \_\_\_\_\_  
When? \_\_\_\_\_

Has a Patent/Trademark/Copyright been issued? \_\_\_\_\_ Issuance Number: \_\_\_\_\_

The date the new product/idea/concept was created: \_\_\_\_\_

The date the new product/idea/concept was made known to others: \_\_\_\_\_

Was the new product/idea/concept part of your employment? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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If you wish, additional information sheets may be attached and submitted.

## **NOTICE**

**Patents Atlantic, Inc.** will review your submitted Record of Invention and conduct a private consultation by telephone within five (5) business days. You will have the opportunity to get answers to your questions and to receive an evaluation of your new product idea/concept by a registered U.S. patent attorney. No fees will be incurred until you first receive advance written notice and provide Patents Atlantic with your approval.

Because the United States is now a *first-to-file country*, it is very important for you to *immediately* establish your **RECORD OF INVENTION** in writing; therefore, you should:

1. Complete this form immediately;
2. Have it witnessed by two trustworthy people (or notarized); and
3. E-mail, mail, or fax copies of this form (always keep your originals).

Mail form to:

**Patents Atlantic, Inc.**

**Attn: P. Jeff Martin**

**3100 Dick Pond Rd., Suite E**

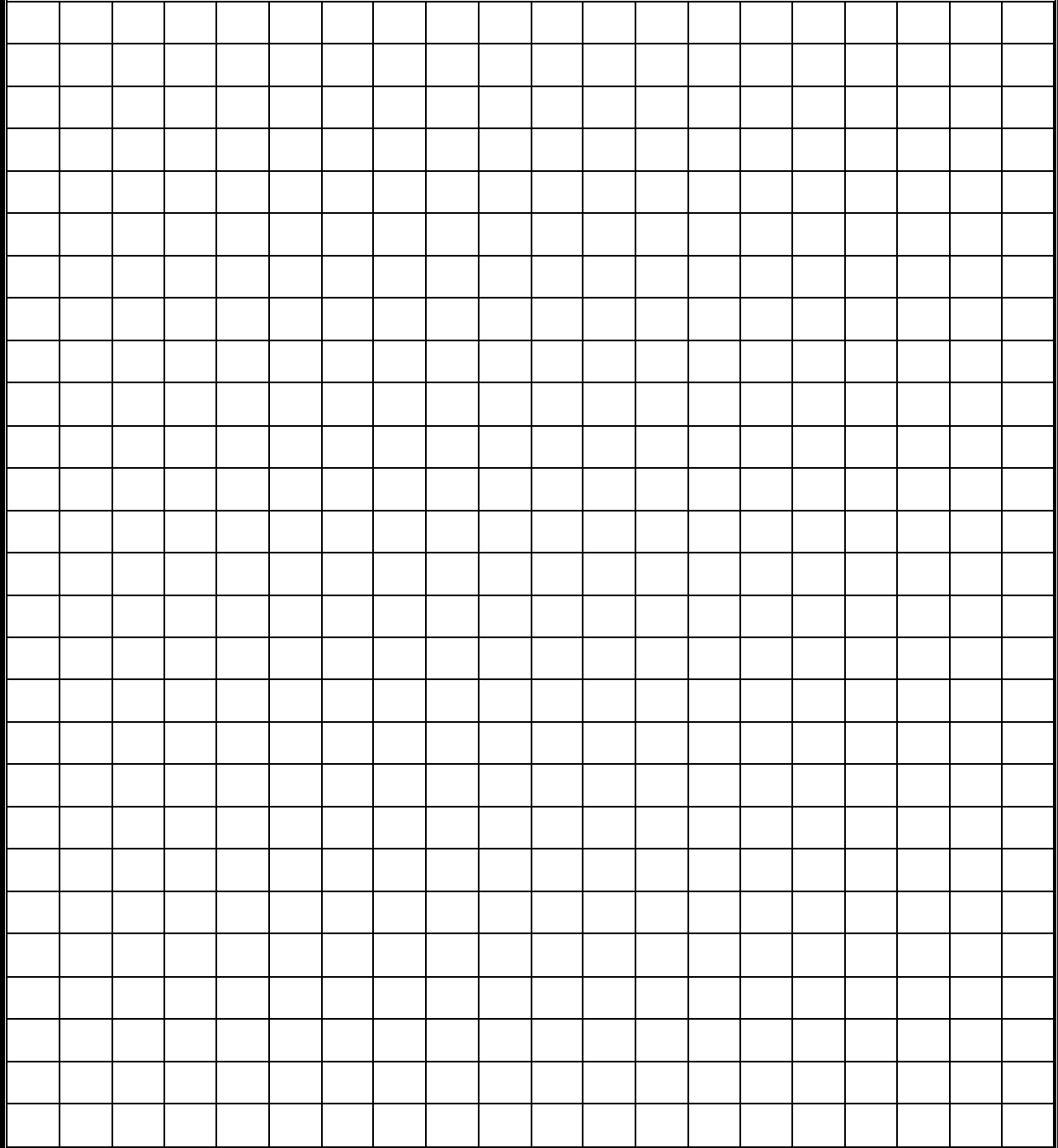
**Myrtle Beach, SC 29588**

**Bus.: 843-968-1007**

**Fax: 843-968-1014**

**DESIGN DRAWING**

**Below is a drawing (or block diagram) done to the best of my ability showing the major working parts of the disclosed new product idea/concept.** Professional drawings, schematics, blueprints, etc. are not necessary for your Record of Invention. Feel free to submit images or photographs of prototypes or working models.



**INVENTORS PLEASE DO NOT SEND PROTOTYPES UNLESS REQUESTED IN WRITING**

**DESCRIPTION OF THE INVENTION**

(please print)

What is the new product idea/concept? \_\_\_\_\_

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What does it do? \_\_\_\_\_

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How does it work? \_\_\_\_\_

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What materials are used? \_\_\_\_\_

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What are some competing products? \_\_\_\_\_

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Where could it be sold? \_\_\_\_\_

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Inventor: \_\_\_\_\_

Co-Inventor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

City & State: \_\_\_\_\_

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Zip: \_\_\_\_\_

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Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Bus. Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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E-mail: \_\_\_\_\_