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Specification	<input type="checkbox"/>	<input type="text" value="1"/>
Claims	<input type="checkbox"/>	<input type="text" value="1"/>
Invention	<input type="checkbox"/>	<input type="text" value="1"/>
Assigner	<input type="checkbox"/>	<input type="text" value="1"/>
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Issue/Publication Date:	<input type="checkbox"/>	<input type="text" value="1"/>
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FIG. 1



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Abstract	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	
Specification	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	
Claims	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	
Inventor	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	
As signees	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	
Agent/Attorney	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	
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TEXT

FIG. 2