How to Submit Inventions to Docie Marketing

Invention projects are initially judged by three broad criteria:

1) does the invention serve society in a meaningful way?,
2) does the invention meet with broad appeal, or does it have a tremendous opportunity for profitability, and,
3) does the inventor have adequate discretionary financial reserves to pay for the cost of performing market research, patenting and other such costs that may be required of the project?

If the answer to these three questions is yes, then the project will be further considered for acceptance. Question 3) is mute if your project is considered for commission-only.

First, we want to see basic information about your invention. Then, if we have further interest we will contact you with a request for more information. We initially want to understand:

a) what your invention is?
b) how it is useful?
c) how it is better?
d) its potential applications?
e) your proprietary (patent) position?

PATENTED INVENTIONS, send:

1) A copy of your patent
2) Descriptive material, drawings, photos, hand sketches, etc., if necessary.
3) One page outlining special features, advantages, applications, etc., if necessary.

UNPATENTED INVENTIONS, send:

1) Same information as for Patented inventions, only w/o patent
2) Explain your proprietary status, i.e., type of patent pending, status of any patent application, name of patent attorney/agent, etc.

In general:

* Also send copies of relevant patents (prior art) found in your patent/prior art search, if convenient.

* We do not accept multiple invention submissions by invention title only. Please send a one-page description outlining the advantages, features, benefits, and at least a hand-sketched drawing of each individual invention.

* SEND NO PROTOTYPES, UNLESS SPECIFICALLY REQUESTED.
  Docie Marketing will not assume responsibility for one-of-a-kind items.

* Please do not send e-mail attachments without an OK verification from us first. Also, referring to your website is not a replacement for sending a hard copy of the above information. Sometimes compatibility glitches cause delays.

* We will maintain the information you sent us on file for at least six months and thereafter we reserve the right to destroy the information. If you wish us to return your submitted material un-copied, please send a self-addressed, stamped envelope or container and we will return it to you immediately.

Please send the following information to:

Docie Marketing Phone: 740-594-5200
73 Maplewood Dr.
Athens, OH 45701-1910

Please DO NOT FAX more than 10 pages of information unless requested by us to do so.
USE MAIL OR OTHER CARRIER ONLY, and waive any requirement for our signature!
Questionnaire

The questions on this form were developed after years of experience working with inventors. They are meant to help us to better help you. We appreciate you taking the time to answer them.

If you have any questions, comments, or suggestions, please contact us at Docie Marketing, phone (740) 594-5200. Thank you.

Please fill out by hand writing, or type answers in BOLD.

Date ____________________

Name    _____________________________________

Company/Title   _____________________________________

Address         _______________________________________

City/State/Zip  ______________________________________

Home Phone      _____________________________________

Work Phone      _____________________________________

FAX     ____________________________________________

E-mail  ____________________________________________

Title of Your Invention: ___________________________________________________

Please fill out this form to the best of your ability with the information you have at hand. If you are not sure about an answer or cannot immediately locate the information, please leave it blank. You may contact us later if you discover the missing information.

Do you have a Homepage with information about your invention?   Yes ___  No ___

If yes, what is the URL? ________________________________

(This is not a substitute to completing this questionnaire.)

How or from whom did you learn about Docie Marketing? _________________________________

Section A. Your Rights

I am the sole inventor of this invention: Yes ___  No ___  If No, answer the following:
I am a co-inventor with the following individuals: (OPTIONAL: If their rights have not been assigned to you, list their phone or address, and indicate the nature of their involvement).

Was this invention developed at your place of employment? Yes ___ No ___
Did you use your employer's resources to develop your invention? Yes ___ No ___
Do you have an employment contract addressing intellectual property? Yes ___ No ___

If yes to any of these 3 questions, list employer (optional): _______________________________________

PRIOR ART SEARCH:

Patent search performed for the US? Yes ___ No ___.  International? Yes ___ No ___
Did you receive a Patentability Opinion Letter? Yes ___ No ___
Name/Ph.# and address of Patent Attorney/Agent ___________________________________________
___________________________________________________________________________________

Please send us a copy of all patents (or at least the front cover page) that were found in your patent search, and a copy of your patent attorney’s patentability opinion letter.

FOR UNPATENTED IDEAS:

Has a written description of your invention been witnessed and signed by an unrelated third party? Yes ___ No ___
Have you filed a Document Disclosure with the U.S. Patent and Trademark Office? Yes ___ No ___
Date on which the invention was first offered for sale: _______________.  Not offered _________
Date on which you first began using the invention for your own benefit (except for experimental purpose):
Date: _____________________ Not used _________
Has your invention been publicly disclosed (in publications, press releases, articles, advertising, etc.)? Yes ___ No _____. If yes, first date _________ How disclosed? ________________
___________________________________________________________________________________

Patent Pending? Yes ___ No ____ Type? Utility _____ Design _____ Provisional _____
Not Patentable _____

Would you like help to find the right patent attorney or agent to assist you in the future: Yes ___ No ___

FOR PATENTED INVENTIONS:

US Patent No. _______________________ Date Issued: ______________  (Include a copy)
Has a foreign Patent Cooperation Treaty application been filed? Yes ___ No ___
List foreign patents by country, indicate: pending or issued. _____________________________________
Have patent rights been assigned to you?   Yes ___  No ___

Has assignment been recorded in the US Patent & Trademark Office?  Yes ___  No ___

Other Patents issued to inventor: _______________________________________________________

____________________________________________________________________________________

Was a copyright registered?   Yes ___  No ___     If yes, date __________

Trademark filed?  Yes ___  No ___    Trademark Issued on this date, __________

Are you satisfied with the professional who has been helping you with patent matters: Yes ___  No ___

Section B. Invention Description (use separate sheet, if needed)

Briefly Describe Your Invention - (what it does). Include other descriptive materials, copy of patent, etc.

How is your invention better than existing products or technology? ___________________________

List any disadvantages to your invention. __________________________________________________

What additional development work is required?

______________________________________________________________

Describe the various applications for your invention, how would it be used? ____________________

______________________________

Who would use your invention? __________________________________________________________

______________________________

Who would sell your invention? List the various markets you have identified, and their size.

List companies you have identified that may be interested in manufacturing and/or marketing your invention:

____________________________________________________________________________________

4
List competitive products/technologies, and other similar products/technologies on the market: (product name, and manufacturer if known) _______________________________________________________

Expected manufacturing cost, if known? $ ________________________ Not Determined __________
Projected sales price? __________________ Anticipated Annual Sales $ ______________________
Were their previous manufacturing or marketing efforts? Yes ___ No ___
By whom? _________________________
Were these efforts discontinued? Why? ________________________________________________
What other design modifications have you considered? ____________________________________

What information is available? (check all appropriate spaces):
Written description _____ Drawing _____ Photos _____ Video _____ Prototype _____
Working Model _____ How Many? _____ Product Testing performed? Yes ___ No ___
By Whom? ____________________________________________

* DO NOT SEND PROTOTYPES OR WORKING MODELS UNLESS SPECIFICALLY REQUESTED*
Samples of products in production are acceptable.

Section C. Market History
Have you enlisted any other invention brokerage companies, agents, or evaluation services to help you with this project? Yes ___ No ___ Whom? ____________________________
Does any other invention brokerage company currently have rights to your invention or would they be owed a commission on any money paid to you for your invention? Yes ___ No ___

On a separate sheet, please list the companies that you have approached about this invention. Include the company name and address and the name of the person contacted. Also, please indicate if you signed their disclosure agreement or if they signed yours and include a copy. What information did you send them?

Include copies of any correspondence received from companies who have reviewed your invention.

Section D. Inventor's Background (Optional) Knowing your personal background helps us make recommendations that align with your objectives.

What is your current employment? _____________________________________________________
Do you presently operate your own business? ________ If yes, type of business: __________________
Size and scope of business: ______________________________________________________________

Have you ever operated your own business? _________  If yes, type of business: ________________

Please give us a brief description of your educational background and professional training.
_____________________________________________________________________________________

Papers and Publications by the Inventor _____________________________________________________
_____________________________________________________________________________________

How did you come up with your invention? __________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Section E. Inventor's Objectives/Projections

My Personal Preferences are: (check all those that apply, in order of preference, 1,2,3, etc.)

______ Receive only a lump sum cash payment for my invention, or
______ Receive higher long range royalty income, or
______ Receive a combination of up-front payment plus royalties, or
______ To make it available for others to benefit from, and receive whatever is offered to me
______ To generate additional sales for my existing business
______ To use the commercialization of my invention as a stepping-stone for additional projects
______ I wish only to sell my invention outright to a company
______ I would like to find a company that will manufacturer and market my invention
______ I want to start a company to produce my invention; I am seeking financial contributors
______ I wish to manufacture my invention myself and find a company to market it
______ I wish to market my invention myself and find a company to manufacture it
______ Don't confuse me, I'll just do whatever it takes

Describe:
(1) How long you have been working on this project? ________________________________

(2) Estimate of the hours you have spent on it __________________ hrs.

(3) Estimate of the amount of money you have spent on the development of this invention: $___,____

What do you think the rights to your invention are worth? Range: $___,____ to $____,____

If found to be commercially viable, how much of your own financial resources are you willing to invest in this project? $_______ to $__________

How much of your time would you want to spend on this project on an on-going basis, and doing what?
__________ days/month __________________

Have you successfully produced or marketed any other invention?  Yes ____  No ____

Describe: _________________________________________________________________________
____________________________________________________________________________________
What other inventions do you have on the drawing board? _____________________________________
____________________________________________________________________________________
_____________________________________________________________________________________
Which of these will be ready for further consideration in the near future? __________________________
_____________________________________________________________________________________

If an agent or broker were to help you accomplish everything you want, please list your preferences:

   I would be willing to pay an agent the following commission from the proceeds I receive:

   Up to 5% ____ Up to 10% ____ Up to 25% ____ Up to 33% ____ Up to 50% ____ Over 50% ____

   ____ I would want to only pay a fee for services and pay no commissions
   ____ I would consider paying a small fee to help lower the commission schedule
   ____ I will only consider offering commission-only for this type of service

Use this area to make additional comments, concerns, or questions for our researchers to consider. Attach additional pages, if necessary.

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