Atty Docket No.

## THE COMMISSIONER OF PATENTS AND TRADEMARKS

| Washington, D.C. 20231                                 |   |
|--|---|
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| I hereby certify that this paper or fee                | e is being deposited with the United States Postal Se<br>vice under 37 CFR §1.10 on the date indicated abov |
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| Transmitted herewith for filing is the patent app      | olication of  |
|  |   |
| Inventor:  |   |
|  |   |
|  |   |
| For:   |   |
|  |   |
| losed herewith are:                                    |   |
|  |   |
|  |   |
| Specification and Claims; with                         | n Declaration of Inventor(s);   |

## PATENT APPLICATION TRANSMITTAL FORM

| sheets of                  | informal drawings           | formal drawings;           |   |  |
|----------------------------|-----------------------------|----------------------------|---|--|
| An assignment of the in    | vention to                  |                            | ; |  |
| Declaration(s) of Small    | Entity Status;              |                            |   |  |
| Information Disclosure     | Statement, Form 1449;       |                            |   |  |
| Copies of citations as lis | sted on attached Form 1449; |                            |   |  |
| The certified copy of a p  | priority application;       |                            |   |  |
| Priority of application S  | erial No                    | Filed on                   |   |  |
| in                         | is                          | claimed under 35 USC §119. |   |  |
| (Country)                  |                             |                            |   |  |
|                            |                             |                            |   |  |

The Filing Fee is calculated below:

## CLAIMS AS FILED

| For  | Number Filed | Number Extra | Rate | Basic Fee |
|--|--------------|--------------|------|-----------|
| Independent Claims                           | -3 =         |              | x =  |           |
| Total Claims                                 | -20 =        |              | x =  |           |
| Multiple Dependent Claim Fee (if applicable) |              |              | + =  |           |
|  |              |              |      |           |

| Please charge my Deposit Account No   | in the amount of \$                  |
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| The Commissioner is hereby authorized to charge any ac  | lditional fees under 37 CFR          |
| §1.16 and §1.17 which may be required during the entire overpayment, to Deposit Account NoForm is enclosed. |                                      |
| A check in the amount of \$   | to cover the filing fee is attached. |
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| Date of Signature   | Attorney or Agent                    |
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| Address all future correspondence to:   |                                      |