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| <b>REQUEST FOR ORAL HEARING BEFORE<br/>THE PATENT TRIAL AND APPEAL BOARD</b>   |   | Docket Number (Optional) |                      |  |                    |       |     |  |          |          |
|--|---|--------------------------|----------------------|--|--------------------|-------|-----|--|----------|----------|
| I hereby certify that this correspondence is being transmitted by the USPTO patent electronic filing system or facsimile to the USPTO, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.<br>Signature _____<br>Typed or printed name _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">First Named Inventor</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number</td> <td style="padding: 2px;">Filed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">Examiner</td> </tr> </table> |                          | First Named Inventor |  | Application Number | Filed | For |  | Art Unit | Examiner |
| First Named Inventor   |   |                          |                      |  |                    |       |     |  |          |          |
| Application Number   | Filed   |                          |                      |  |                    |       |     |  |          |          |
| For  |   |                          |                      |  |                    |       |     |  |          |          |
| Art Unit   | Examiner  |                          |                      |  |                    |       |     |  |          |          |
| Applicant hereby <b>requests an oral hearing</b> before the Patent Trial and Appeal Board in the appeal of the above-identified application.   |   |                          |                      |  |                    |       |     |  |          |          |
| The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ _____   |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Applicant asserts small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by 60%, and the resulting fee is: \$ _____  |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Applicant certifies micro entity status. See 37 CFR 1.29. Therefore, the fee shown above is reduced by 80%, and the resulting fee is: \$ _____<br>Form PTO/SB/15A or B or equivalent must either be enclosed or have been submitted previously.   |   |                          |                      |  |                    |       |     |  |          |          |
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| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____.   |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Payment made via USPTO patent electronic filing system.   |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23 or equivalent) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.   |   |                          |                      |  |                    |       |     |  |          |          |
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| I am the   |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> applicant   |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> attorney or agent of record<br>Registration number _____  |   |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34<br>Registration number _____   |   |                          |                      |  |                    |       |     |  |          |          |
| Signature _____  |   |                          |                      |  |                    |       |     |  |          |          |
| Typed or printed name _____  |   |                          |                      |  |                    |       |     |  |          |          |
| Telephone Number _____   |   |                          |                      |  |                    |       |     |  |          |          |
| Date _____   |   |                          |                      |  |                    |       |     |  |          |          |
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| <input type="checkbox"/> * Total of _____ forms are submitted.   |   |                          |                      |  |                    |       |     |  |          |          |

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