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FEE TRANSMITTAL (page 1 of 2)		Complete if known	
		Application Number	
<input type="checkbox"/>	Applicant asserts small entity status. See 37 CFR 1.27.	Filing Date	
<input type="checkbox"/>	Applicant certifies micro entity status. See 37 CFR 1.29. Form PTO/SB/15A or B or equivalent must either be enclosed or have been submitted previously.	First Named Inventor	
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	
		Art Unit	
		Practitioner Docket No.	

**METHOD OF PAYMENT** (check all that apply)
 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_ For the above-identified deposit account, the Director is hereby authorized to (check all that apply):

 Charge fee(s) indicated below  Charge fee(s) indicated below, **except for the filing fee**
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayment of fee(s)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES (U = undiscounted fee; S = small entity fee; M = micro entity fee)**

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES			Fees Paid (\$)
	U (\$)	S (\$)	M (\$)	U (\$)	S (\$)	M (\$)	U (\$)	S (\$)	M (\$)	
Utility	350	140*	70	770	308	154	880	352	176	
Design	300	120	60	300	120	60	700	280	140	
Plant	240	96	48	485	194	97	725	290	145	
Reissue	350	140	70	770	308	154	2,550	1,020	510	
Provisional	325	130	65	0	0	0	0	0	0	

\* The \$140 small entity filing fee for a utility application is further reduced to \$70 for a small entity applicant who files the application via Patent Center.

**2. EXCESS CLAIM FEES**

Fee Description	Undiscounted Fee (\$)	Small Entity Fee (\$)	Micro Entity Fee (\$)
Each claim over 20 (including Reissues)	200	80	40
Each independent claim over 3 (including Reissues)	600	240	120
Multiple dependent claims	925	370	185

  

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ - 20 or HP = _____ x _____ = _____	_____	_____	_____	_____
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ - 3 or HP = _____ x _____ = _____	_____	_____	_____	_____
HP = highest number of independent claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$450 (\$180 for small entity) (\$90 for micro entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____	_____	_____	_____	_____

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# FEE TRANSMITTAL

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**4. CONTINUING APPLICATION FEE**

If the actual filing date of the application is more than six years after the earliest benefit date, a continuing application fee is due. The earliest benefit date is the earliest filing date for which benefit is claimed under 35 U.S.C. 120, 121, 365(c), or 386(c) and § 1.78(d).

Choose only one of the following:

If the actual filing date is more than six years, and is less than or equal to nine years, after the earliest benefit date, the continuing application fee is \$2,700 (\$1,080 for small entity or \$540 for micro entity). See 37 CFR 1.17(w)(1).

or

If the actual filing date is more than nine years after the earliest benefit date, the continuing application fee is \$4,000 (\$1,600 for small entity or \$800 for micro entity), less any amount previously paid under 37 CFR 1.17(w)(1). See 37 CFR 1.17(w)(2).

**Fees Paid (\$)**

\_\_\_\_\_

**5. OTHER FEE(S)****Fees Paid (\$)**

Non-English specification, \$150 fee (\$60 for small entity) (\$30 for micro entity)

\_\_\_\_\_

**Non-electronic filing fee under 37 CFR 1.16(t) for a utility application, \$400 fee (\$200 small or micro entity)**

\_\_\_\_\_

Other (e.g., late filing surcharge): \_\_\_\_\_

\_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)			Date

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If you do not furnish the information requested on this form, the USPTO may not be able to process and/or examine your submission, which may result in termination of proceedings, abandonment of the application, and/or expiration of the patent.