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<p><b>PETITION FOR EXPRESS ABANDONMENT TO OBTAIN A REFUND</b></p> <p><b>File</b> via the USPTO patent electronic filing system, or <b>Send to:</b> Mail Stop Express Abandonment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application No.	
	Filing Date	
	First Named Inventor	
	Art Unit	
	Examiner Name	
	Attorney Docket No.	

**Petition for Express Abandonment Under 37 CFR 1.138(d) to Obtain a Refund**

I hereby petition to expressly abandon the above-identified application to obtain a refund of any search fee and excess claims fee in the application. I understand no refunds will be permitted of any search fees paid under 37 CFR 1.445. Please refund any applicable search fee and excess claims fee paid in this application under 37 CFR 1.16 or 37 CFR 1.492.

The Director is hereby authorized to credit the fee(s) to Deposit Account No. \_\_\_\_\_.

**NOTE:** The provisions of 37 CFR 1.138(d) only apply to applications filed under 35 U.S.C. 111(a) on or after December 8, 2004, and national stage applications filed under 35 U.S.C. 371. A paper requesting express abandonment of an application is not effective unless and until an appropriate USPTO official recognizes and acts on the paper. See section 711.01 of the Manual of Patent Examining Procedure (MPEP).

**TO AVOID PUBLICATION, INCLUDE FORM PTO/SB/24A AND PETITION FEE WITH THIS FORM.**

I am the:

- applicant.
- assignee of record of the entire interest. See 37 CFR 3.71. A statement under 37 CFR 3.73(b) (form PTO/SB/96) is enclosed.
- attorney or agent of record. Attorney or agent registration number is \_\_\_\_\_.
- attorney or agent acting under 37 CFR 1.34, who is authorized under 37 CFR 1.138(b) because the application is expressly abandoned in favor of a continuing application. Attorney or agent registration number is \_\_\_\_\_.

_____	_____
Signature	Date
_____	_____
Typed or printed name	Telephone Number

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. If more than one signature is required, submit multiple PTO/SB/24B forms and check the box below.

Total of \_\_\_\_\_ forms are submitted

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