REQUEST FOR SUPPLEMENTAL EXAMINATION TRANSMITTAL FORM

	Address to: Commissioner for Patents P.O. Box 1450	Attorney Docket No.:
	Alexandria, VA 22313-1450	Date:
1.	This is a request for supplemental examination issued 37 (tion pursuant to 37 CFR 1.610 of patent number CFR 1.610(b)(1).
2.	Supplemental examination of claim(s) 37 CFR 1.610(b)(4).	is requested.
3.	a. The name(s) of the patent owner(s) (not	the patent practitioner(s)) is (are):
		compliance with 37 CFR 3.73(c), which establishes that the patent wnership in the patent for which supplemental examination is (9).
4.	request for supplemental examination,	is enclosed to cover the fee for processing and treating a the fee for reexamination ordered under 35 USC 257, and the fee for at document over 20 sheets in length (37 CFR 1.20(k)(1 - 3));
	b. The Director is hereby authorized to char to Deposit Account No.	arge all applicable fees as set forth in 37 CFR 1.20(k)(1 - 3) ; or
] c. Payment by credit card. Form PTO-203	8 is attached. 37 CFR 1.610(a).
5.		k or credit to Deposit Account No redit card, refund must be to the credit card account.
6.	A copy of the patent for which supplement certificate issued for the patent are include	al examination is requested, and a copy of any disclaimer or ed. 37 CFR 1.610(b)(6).
7.	CD-ROM or CD-R in duplicate, Computer	Program (Appendix) or large table
8.	Nucleotide and/or Amino Acid Sequence S If applicable, items a. – c. are required.	Submission
	a. Computer Readable Form (CRF) b. Specification Sequence Listing on:	
	i. 🔲 CD-ROM (2 copies) or CD-F ii. 🔲 paper	R (2 copies); or
	c. \Box Statements verifying the identity of	above copies
9.		on submitted as part of this request is provided in Part B of this form. requirements of 37 CFR 1.98(b). 37 CFR 1.605(a), 1.610(b)(2).
		[Page 1 of 2] ed to respond to, nor shall a person be subject to a penalty for failure to comply with an ction Act of 1995, unless the information collection has a currently valid OMB Control

A rederal agency may not conduct of sponsor, and a person is not required to respond to, not shall a person be subject to a penalty for failure to comply with a information collection subject to the requirements of the Paperwork Reduction Act of 1995, unless the information collection has a currently valid OMB Control Number. The OMB Control Number for this information collection is 0651-0064. Public burden for this form is estimated to average 0.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Chief Administrative Officer, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 or email InformationCollection@uspto.gov. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. If filing this completed form by mail, send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patent No.	U.S. Patent a	and Trademark Office; U.S. D	PTO/SB/59 (09-16) gh 11/30/2024. OMB 0651-0064 DEPARTMENT OF COMMERCE		
Under the Paperwork Reduction Act of 1995, no person	ns are required to respond to a collection	of information unless it displa	ays a valid OMB control number.		
	0. A legible copy of each item of information listed in Part B of this form, and an English language translation of all necessary and pertinent parts of each non-English language item of information are included.				
Copies of items of information that form part of copies of U.S. patents and patent application p			CFR 1.605(b)), and		
	included. The summary includes the required citations to the particular pages containing the relevant portions. 37 CFR				
	2. A separate, detailed explanation of the relevance and manner of applying each item of information to each claim of the patent for which supplemental examination is requested, is included. 37 CFR 1.610(b)(5).				
13. The below list includes all prior or concurrent post-patent Office proceedings (<i>ex parte</i> or <i>inter partes</i> reexamination, reissue, supplemental examination, post grant review, or <i>inter partes</i> review) involving the patent for which supplemental examination is being requested. 37 CFR 1.610(b)(3). An identifying number may be, e.g., a control no. or reissue application no. Any prior or concurrent post-patent Office proceedings not listed below are listed on a separate paper accompanying the request.					
Type of Proceeding Ident	tifying Number	Filing Date			
See accompanying paper for a list of additional privation which supplemental examination is requested. The Patent Office Proceedings" and must provide the type of	paper should be a separate she	et titled "List of Prior of	or Concurrent Post-		
14. Correspondence Address: Please recognize, or change, the correspondence address for the file of the patent for which supplemental examination proceeding to be:					
The address associated with Customer Number:			OR		
Firm or Individual Name					
Address					
City	State	Zip			
Country	· ·				
Telephone	Email				
15. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Authorized Signature	Da	ie			
Typed/Printed Name	Registra	tion No.			

(Also referred to as FORM PTO-XXXX) REQUEST FOR SUPPLEMENTAL EXAMINATION TRANSMITTAL FORM PART B – LIST OF ITEMS OF INFORMATION – Page 1

Patent number for which supplemental examination is requested Issue Date

All items of information (no more than 12) submitted herewith as part of this request for supplemental examination of the above-identified patent are included in the following list:

U. S. PATENT DOCUMENTS

Cite No. ¹	Document Number Number-Kind Code ^{2 (if} known)	Publication Date MM-DD- YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	US-			

FOREIGN PATENT DOCUMENTS

Cite No. ¹	Foreign Patent Document Country Code ³ -Number ⁴ - Kind Code ⁵ (<i>if known</i>)	Publication Date MM-DD- YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²

¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at <u>www.uspto.gov</u> or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

REQUEST FOR SUPPLEMENTAL EXAMINATION TRANSMITTAL FORM PART B – LIST OF ITEMS OF INFORMATION – Page 2

Patent number for which supplemental examination is requested ______ Issue Date ______ Issue Date ______ All items of information (no more than 12) submitted herewith as part of this request for supplemental examination of the above- identified patent are included in the following list:

	OTHER DOCUMENTS					
Cite No. ¹	Document Information (include, where appropriate, name of the author, title of the article, book, magazine, journal, serial, symposium, catalog, etc., publication date, page(s), volume-issue number(s), publisher, city and/or country where published. If a court document, identify the specific court, the designation (case citation or numeric designation), the title of the document, and the date submitted in court. If a declaration, include the type (e.g., 37 CFR 1.132 or 1.131), name of declarant, and the date of declaration. If an invoice or sales receipt, include the date issued and the name of the issuer (e.g., the name of the corporation or other place of business). If a discussion within the body of the request, include the pages of the request on which the discussion appears, and a description of the discussion (e.g., "discussion in request of why the claims are patentable under 35 U.S.C. 101, pages 7-11.") For all other materials, include, where appropriate, the title, author, date, and any descriptive information that would describe the document.	T ²				
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. The United States Patent and Trademark Office (USPTO) collects the information in this record under authority of 35 U.S.C. 2. The USPTO's system of records is used to manage all applicant and owner information including name, citizenship, residence, post office address, and other information with respect to inventors and their legal representatives pertaining to the applicant's/owner's activities in connection with the invention for which a patent is sought or has been granted. The applicable Privacy Act System of Records Notice for the information collected in this form is COMMERCE/PAT-TM-7 Patent Application Files, available in the Federal Register at 78 FR 19243 (March 29, 2013). https://www.govinfo.gov/content/pkg/FR-2013-03-29/pdf/2013-07341.pdf

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