(Also referred to as FORM PTO-XXXX) REQUEST FOR SUPPLEMENTAL EXAMINATION TRANSMITTAL FORM

	Address to: Commissioner for Patents	Attorney Docket No.:
	P.O. Box 1450 Alexandria, VA 22313-1450	Date:
1.		pursuant to 37 CFR 1.610 of patent number R 1.610(b)(1).
2.	Supplemental examination of claim(s) 37 CFR 1.610(b)(4).	is requeste
3.	a. The name(s) of the patent owner(s) (not the	patent practitioner(s)) is (are):
		pliance with 37 CFR 3.73(c), which establishes that the pater rship in the patent for which supplemental examination is
4.	request for supplemental examination, the	s enclosed to cover the fee for processing and treating a fee for reexamination ordered under 35 USC 257, and the fee ocument over 20 sheets in length (37 CFR 1.20(k)(1 - 3));
	 b. The Director is hereby authorized to charge to Deposit Account No. 	all applicable fees as set forth in 37 CFR 1.20(k)(1 - 3) ; or
	c. Payment by credit card. Form PTO-2038 is	attached. 37 CFR 1.610(a).
5.		credit to Deposit Account No t card, refund must be to the credit card account.
6.	A copy of the patent for which supplemental e certificate issued for the patent are included.	xamination is requested, and a copy of any disclaimer or 37 CFR 1.610(b)(6).
7.	CD-ROM or CD-R in duplicate, Computer Pro	gram (Appendix) or large table
8.	Nucleotide and/or Amino Acid Sequence Subr If applicable, items a. – c. are required.	nission
	a. Computer Readable Form (CRF) b. Specification Sequence Listing on:	
	i. CD-ROM (2 copies) or CD-R (2 ii. paper	copies); or
	c. Statements verifying the identity of abo	ove copies
		submitted as part of this request is provided in Part B of this fo

This collection of information is required by 37 CFR 1.610. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 18 minutes to complete, including **getpering**, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

	Patent No.	IIS Patenta	PTO/SB/59 (07–12) Approved for use through xxxxxx. OMB xxxxxxxxx nd Trademark Office; U.S. DEPARTMENT OF COMMERCE		
	Under the Paperwork Reduction Act of 1995, no per		of information unless it displays a valid OMB control number.		
10.	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 copies of U.S. patents and patent application				
11.	A summary of the relevant portions of each non-patent document that is over 50 pages in length (other than the request) is included. The summary includes the required citations to the particular pages containing the relevant portions. 37 CFR 1.610(b)(8).				
12.	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 Ide	entifying Number	Filing Date		
	See accompanying paper for a list of additional p which supplemental examination is requested. T Patent Office Proceedings" and must provide the	he paper should be a separate she	et titled "List of Prior or Concurrent Post-		
	14. Correspondence Address: Please recognize, or change, the correspondence address for the file of the patent for which supplemental examination is requested and for the supplemental examination proceeding to be:				
	The address associated with Customer Number:		OR		
	Firm or Individual Name				
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Addr	ess				
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Cour	ntry				
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	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	Dat	e		
-	Typed/Printed Name	Registrat	ion No.		

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 (#} ^{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 www.uspto.gov 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. ⁵ Kind 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.

(Also referred to as FORM PTO-XXXX) 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 ______ 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

Applicant's unique citation designation number (optional).² Applicant is to place a check mark here if English language Translation is attached.