PTO/SB/59 (07-12) Approved for use through xx/xx/20xx. OMB 0651-0064 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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 pursuant t issued 37 CFR 1.610(b)(o 37 CFR 1.610 of patent number 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 pra	uctitioner(s)) is (are):
	b. A submission by the patent owner(s) in compliance wit owner(s) has (have) the entirety of the ownership in the requested, is included. 37 CFR 1.610(b)(9).	
4.	a. A check in the amount of \$ is enclosed request for supplemental examination, the fee for reex processing and treating each non-patent document of	xamination ordered under 35 USC 257, and the fee for
	b. The Director is hereby authorized to charge all applicate to Deposit Account No.	
	c. Payment by credit card. Form PTO-2038 is attached.	37 CFR 1.610(a).
5.	Any refund should be made by check or crect 37 CFR 1.26(c). If payment is made by credit card, refu	
6.	A copy of the patent for which supplemental examination certificate issued for the patent are included. 37 CFR 1.6	
7.	CD-ROM or CD-R in duplicate, Computer Program (App Landscape Table on CD	endix) or large table
8.	Nucleotide and/or Amino Acid Sequence Submission If applicable, items a. – c. are required.	
	a. Computer Readable Form (CRF) b. Specification Sequence Listing on:	
	i. CD-ROM (2 copies) or CD-R (2 copies); or ii. paper	r
	c. Statements verifying the identity of above copies	
9.	A list of no more than 12 items of information submitted a Where appropriate, the list must meet the requirements	

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an 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 25 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.

Patent No.			Approved for use the U.S. Patent and Trademark Office; U.S.	PTO/SB/59 (07–12) rough 07/31/2015. OMB 0651-0064		
Under the	Paperwork Reduction Act of 1995, no per	rsons are required to respond				
	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 ite copies of U.	ems of information that form part S. patents and patent application	of the discussion within publications, are not	n the body of the request (see 3 required. 37 CFR 1.610(b)(7).	7 CFR 1.605(b)), and		
	included. The summary includes the required citations to the particular pages containing the relevant portions. 37 CFR					
	detailed explanation of the releving the supplemental examination i			to each claim of the		
supplemental is being requ	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 Proc	eeding Ide	entifying Number	Filing Dat	e		
which supplement	See accompanying paper for a list of additional prior or concurrent post-patent Office proceedings involving the patent for which supplemental examination is requested. The paper should be a separate sheet titled "List of Prior or Concurrent Post-Patent Office Proceedings" and must provide the type, identifying number, and filing date of the post-patent Office proceeding.					
	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 asso	ciated with Customer Number:			OR		
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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		Date			
	Typed/Printed Name		Registration 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 (#} ^{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-			
1	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			
	,,,,,,,,,,,,,,,,,,,				

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 this information under authority of 37 CFR 1.33. The information in this system of records is used to manage all records of applicant including name, citizenship, residence, post office address and other information with respect to inventors and their legal representatives pertaining to the applicant's activities in connection with the invention for which a patent is sought.

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