PTO/SB/17 (01-25)

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| FEE TRANSMITTAL (page 1 of 2) | Complete if known |
| Application Number |  |
| Filing Date |  |
| Applicant asserts small entity status. See 37 CFR 1.27. | First Named Inventor |  |
| 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. | Examiner Name |  |
| Art Unit |  |
| TOTAL AMOUNT OF PAYMENT | ($) | Practitioner Docket No. |  |
| **METHOD OF PAYMENT** (check all that apply)Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to (check all that apply):Charge fee(s) indicated below Charge fee(s) indicated below, **except for the filing fee**Charge any additional fee(s) or underpayment of fee(s) Credit any overpayment of fee(s) under 37 CFR 1.16 and 1.17**WARNING**: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES (U = undiscounted fee; S = small entity fee; M = micro entity fee)**FILING FEES SEARCH FEES EXAMINATION FEES**Application Type U ($) S ($) M ($) U ($) S ($) M ($) U ($) S ($) M ($) Fees Paid ($)**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.1. **EXCESS CLAIM FEES**

**Fee Description Undiscounted Fee ($) Small Entity Fee ($) Micro Entity Fee ($)**Each claim over 20 (including Reissues) 200 80 40Each independent claim over 3 (including Reissues) 600 240 120Multiple dependent claims 925 370 185**Total Claims Extra Claims Fee ($) Fee Paid ($)**-20 or HP = x = **Multiple Dependent Claims**HP = highest number of total claims paid for, if greater than 20. **Fee ($) Fee Paid ($) Indep. Claims Extra Claims Fee ($) Fee Paid ($)** -3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.1. **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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**22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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| FEE TRANSMITTAL(page 2 of 2) |
| 1. **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). orIf 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 $800 for micro entity), less any amount previously paid under 37 CFR 1.17(w)(1). See 37 CFR 1.17(w)(2). **Fees Paid ($)**  |
| 1. **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):  |

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

SUBMITTED BY

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