

<h1 style="margin: 0;">FEE TRANSMITTAL</h1>		<b>Complete if known</b>	
(page 1 of 2)		Application Number	
		Filing Date	
<input type="checkbox"/>	Applicant asserts small entity status. See 37 CFR 1.27.	First Named Inventor	
<input type="checkbox"/>	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) under 37 CFR 1.16 and 1.17  Credit any overpayment of fee(s)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES (U = undiscounted fee; S = small entity fee; M = micro entity fee)**

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES			Fees Paid (\$)
	U (\$)	S (\$)	M (\$)	U (\$)	S (\$)	M (\$)	U (\$)	S (\$)	M (\$)	
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.

**2. EXCESS CLAIM FEES**

Fee Description	Undiscounted Fee (\$)	Small Entity Fee (\$)	Micro Entity Fee (\$)
Each claim over 20 (including Reissues)	200	80	40
Each independent claim over 3 (including Reissues)	600	240	120
Multiple dependent claims	925	370	185
<b>Total Claims</b>			
_____ -20 or HP = _____ x _____ = _____			
HP = highest number of total claims paid for, if greater than 20.			
<b>Indep. Claims</b>			
_____ -3 or HP = _____ x _____ = _____			
HP = highest number of independent claims paid for, if greater than 3.			

**3. 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).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

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

# FEE TRANSMITTAL

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## 4. 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).

or

If 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 (\$)**

\_\_\_\_\_

## 5. 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): \_\_\_\_\_

\_\_\_\_\_

## SUBMITTED BY

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

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If you do not furnish the information requested on this form, the USPTO may not be able to process and/or examine your submission, which may result in termination of proceedings, abandonment of the application, and/or expiration of the patent.

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