

CERTIFICATION AND REQUEST TO TREAT AN APPLICATION FILED DURING A DESIGNATED SIGNIFICANT UNPLANNED ELECTRONIC BUSINESS SYSTEM OUTAGE AS AN APPLICATION FILED BY THE USPTO'S ELECTRONIC FILING SYSTEM

Application Number	Filing Date
First Named Inventor	Attorney Docket Number

Title of Invention

APPLICANT HEREBY CERTIFIES THE FOLLOWING AND REQUESTS THAT THE ABOVE-IDENTIFIED APPLICATION BE TREATED AS AN APPLICATION FILED BY THE USPTO PATENT ELECTRONIC FILING SYSTEM.

1. The above-identified application was filed during a designated significant unplanned electronic business system outage by an alternative filing method. In addition, a copy of the application is being filed with this form via USPTO patent electronic filing system no later than: (1) one month from the date a filing receipt was first issued for the application if the non-electronic filing fee has been paid; or (2) the expiration of the period for reply to a notice requiring payment of the non-electronic filing fee (e.g., a notice to file missing parts under 37 CFR 1.53(f)) if the non-electronic filing fee has not been paid.
2. The copy of the application filed with this form via USPTO patent electronic filing system is a **true copy** of the original application as filed by the alternative filing method. The copy of the application is being filed as a follow-on paper to the above-identified application, and not as a new application.
3. Applicant requests a refund of any fees that were previously paid (e.g., the non-electronic filing fee) that are not due as a result of treating the application as an application filed by the USPTO patent electronic filing system. If appropriate, applicant requests that any fees currently due be recalculated and that any fees available as a result of the recalculation be reapplied to fees remaining due on the filing of this application as needed and that any remaining funds be refunded according to 37 CFR 1.26.

NOTE: This form must be signed in accordance with 37 CFR 1.33. Please see 37 CFR 1.4(d) for the signature requirements. Submit multiple forms if more than one signature is required – see below.*

Signature	Date
Name	Registration Number

*Total of _____ forms are submitted.

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