PTO/SB/22 (01-25)

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| **PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**  **(NOT for Provisional Applications)** | | Docket Number (Optional) |
| Application Number | Filed | |
| For | | |
| Art Unit | Examiner | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee Micro Entity Fee  One month (37 CFR 1.17(a)(1)) $235 $94 $47 $ Two months (37 CFR 1.17(a)(2)) $690 $276 $138 $ Three months (37 CFR 1.17(a)(3)) $1,590 $636 $318 $ Four months (37 CFR 1.17(a)(4)) $2,495 $998 $499 $ Five months (37 CFR 1.17(a)(5)) $3,395 $1,358 $679 $  Applicant asserts small entity status. See 37 CFR 1.27.  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.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number. .  Payment made via USPTO patent electronic filing system.  **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.**  I am the  applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) statement is enclosed (Form PTO/SB/96). attorney or agent of record. Registration number .  attorney or agent acting under 37 CFR 1.34. Registration number .    Signature Date    Typed or printed name Telephone Number  **NOTE:** This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms if more than one signature is required, see below\*. | | |
| \* Total of forms are submitted. | | |

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