

| <b>FOR PROVISIONAL APPLICATIONS ONLY</b><br><b>PETITION FOR EXTENSION OF TIME under 37 CFR 1.136(a)</b><br><b>in a PROVISIONAL APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Docket Number (Optional) |                         |            |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
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| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Filed      |                          |                         |            |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                          |                         |            |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| <p>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 <b>provisional</b> application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="text-align: center; width: 15%;"><u>Fee</u></th> <th style="text-align: center; width: 15%;"><u>Small Entity Fee</u></th> <th style="text-align: center; width: 15%;"><u>Micro Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(u)(1))</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$10</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(u)(2))</td> <td style="text-align: center;">\$100</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$20</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(u)(3))</td> <td style="text-align: center;">\$200</td> <td style="text-align: center;">\$80</td> <td style="text-align: center;">\$40</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(u)(4))</td> <td style="text-align: center;">\$400</td> <td style="text-align: center;">\$160</td> <td style="text-align: center;">\$80</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(u)(5))</td> <td style="text-align: center;">\$800</td> <td style="text-align: center;">\$320</td> <td style="text-align: center;">\$160</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant asserts small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Applicant certifies micro entity status. See 37 CFR 1.29.<br/>Form PTO/SB/15A or B or equivalent must either be enclosed or have been submitted previously.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment,<br/>to Deposit Account Number _____.</p> <p><input type="checkbox"/> Payment made via USPTO patent electronic filing system.</p> <p><b>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.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> attorney or agent of record. Registration number _____.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____<br/>Signature</p> <p>_____<br/>Typed or printed name</p> </div> <div style="width: 45%;"> <p>_____<br/>Date</p> <p>_____<br/>Telephone Number</p> </div> </div> <p><b>NOTE:</b> 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*.</p> |            |                          |                         | <u>Fee</u> | <u>Small Entity Fee</u> | <u>Micro Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(u)(1)) | \$50 | \$20 | \$10 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(u)(2)) | \$100 | \$40 | \$20 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(u)(3)) | \$200 | \$80 | \$40 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(u)(4)) | \$400 | \$160 | \$80 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(u)(5)) | \$800 | \$320 | \$160 | \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Fee</u> | <u>Small Entity Fee</u>  | <u>Micro Entity Fee</u> |            |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| <input type="checkbox"/> One month (37 CFR 1.17(u)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$50       | \$20                     | \$10                    | \$ _____   |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(u)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$100      | \$40                     | \$20                    | \$ _____   |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(u)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$200      | \$80                     | \$40                    | \$ _____   |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(u)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$400      | \$160                    | \$80                    | \$ _____   |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(u)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$800      | \$320                    | \$160                   | \$ _____   |                         |                         |  |                                                        |      |      |      |          |                                                         |       |      |      |          |                                                           |       |      |      |          |                                                          |       |       |      |          |                                                          |       |       |       |          |

\* Total of  forms are submitted.

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

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- 5) a Member of Congress submitting a request involving an individual to whom the record pertains, when the individual has requested the Member's assistance with respect to the subject matter of the record;
- 6) a court, magistrate, or administrative tribunal, in the course of presenting evidence, including disclosures to opposing counsel in the course of settlement negotiations;
- 7) the Administrator, General Services Administration (GSA), or their designee, during an inspection of records conducted by GSA under authority of 44 U.S.C. 2904 and 2906, in accordance with the GSA regulations and any other relevant (i.e., GSA or Commerce) directive, where such disclosure shall not be used to make determinations about individuals;
- 8) another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c));
- 9) the Office of Personnel Management (OPM) for personnel research purposes; and
- 10) the Office of Management and Budget (OMB) for legislative coordination and clearance.

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