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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional)		
Claims as Filed – Part 1									
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity		
				Rate (\$)	Fee(\$)		Rate(\$)	Fee (\$)	
Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(A)	(B)	**** =	x =		or	x =		
	(C)	(D)	* =	x =			x =		
				Basic Fee (37 CFR 1.16(h))					
				Total Filing Fee			OR		
Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate(\$)	Fee(\$)		Rate(\$)	Fee(\$)
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x =		x =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x =		x =		
				Total Additional Fee			OR		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">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.</p>									
_____ Signature					_____ Date				
_____ Typed or printed name					_____ Registration Number, if applicable				
					_____ Telephone Number				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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