PTO/SB/29 (8/98)

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CONTINUED PROSECUTION APPLICATION (CPA)         REQUEST TRANSMITTAL         CHECK BOX, if applicable:         CHECK BOX, if applicable:         CHECK BOX, if applicable:         CHECK BOX, if applicable:         OUPLICATE					
Address to: Assistant Commissioner for Patents Box CPA Washington, DC 20231	Attorney Docket No. of Prior Application First Named Inventor				
	Examiner Name Group / Art Unit Express Mail Label No.				
This is a request for a       continuation or       divisional application under 37 C.F.R. § 1.53(d),         (continued prosecution application (CPA)) of prior application number/					
NOTES         FILING QUALIFICATIONS: The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 C.F.R. § 1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371.         A Notice will be placed on a patent issuing from a CPA, except for reissues and designs, to the effect that the patent issued on a CPA and is subject to the twenty-year patent term provisions of 35 U.S.C. § 154(a)(2). Therefore, the prior application of a CPA may have been filed before, on or after June 8, 1995.         C-I-P NOT PERMITTED: A continuation-in-part application cannot be filed as a CPA under 37 C.F.R. § 1.53(d), but must be filed under 37 C.F.R. § 1.53(d).         EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 C.F.R. § 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.         ACCESS TO PRIOR APPLICATION: The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 120 to the extent that any member of the public who is entitled under the provisions of 37 C.F.R. § 1.14 to access to, copies of, or information concerning, the prior application is interdiation is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is signed the application number identified in such request, 37 C.F.R. § 1.178 (a).         SUSC. 120 STATEMENT: In a CPA, no reference to the prior application is signed in the first sentence of the specification as the specific reference re					

[Page 1 of 2] Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	-20* =		x \$=	\$	
	INDEPENDENT CLAIMS (37 C.F.R.§1.16(b) or (i))	-3** =		x \$=		
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d)) + \$ =					
	BASIC FEE (37 C.F.R. §1.16)					
	Reduction by 50% for filing					
	* Reissue claims in excess ** Reissue independent cla			TOTAL =		
6. Small entity status:						
a. A small entity statement is enclosed, if (b) and (c) do not apply.						
b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.						
c. Is no longer claimed.						
<ol> <li>The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No</li> </ol>						
a. E Fees required under 37 C.F.R. § 1.16.						
b. Fees required under 37 C.F.R. § 1.17.						
c. Fees required under 37 C.F.R. § 1.18.						
8. A check in the amount of \$ is enclosed.						
	v Attorney Docket Nu					
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]						
	Receipt For Facsimile			503)		
11. Oth	•	(	, <u></u> , <u></u>	- /		
NOTE.	The prior application	ation's correspon	dence address will car	rry over to this C	PA	
<u>NOTE:</u>			ddress is provided be			
	12		PONDENCE ADDRESS	<u> </u>		
Custome	r Number or Bar Code Label			or 🔲 New co	rrespondence address below	
(Insert Customer No. or Attach bar code label here)						
I						
Name						
Address						
City		041-		Zin Codo		
City		State		Zip Code		
Country		Telephone		Fax		
13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
	Name (Print /Type)					
	Signature					
_	Registration No. (Attorney/A	aent)				
	Date	<i>,</i>				