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REISSUE APPLICATION FEE TRANSMITTAL FORM	Docket Number (Optional)
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Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B)	****	=	x \$ ____ =		or	x \$ ____ =
(C)	Independent Claims (37 CFR 1.16(i))	(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 \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee						\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner 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. _____.
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- A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

Date

Signature of Applicant, Attorney or Agent of Record

Typed or printed name