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	11. m	First Named Inventor	Lisa A. Hendi		
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Privacy Act Statement

The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark. Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

- The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
- A record from this system of records may be disclosed, as a routine use, in the course of
 presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to
 opposing counsel in the course of settlement negotiations.
- 3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
- 4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
- A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
- A record in this system of records may be disclosed, as a routine use, to 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)).
- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
- 8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
- A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

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Serial No.	: Docket No.: DMC-10-1220CONI-RE
Filed	: Herewith
Reissue of Patent	: 7,900,276
Issued	: March 8, 2011
Inventor	: Lisa A. Hendrickson
	: James H. Gardner, III
	: Richard Adelman
Title	: BELLY COVERING
	: GARMENT Date: June 15, 2011

PRELIMINARY AMENDMENT

Mail Stop REISSUE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The following is a Preliminary Amendment being filed with a reissue application relating to U.S. Patent No. 7,900,276 ("the *276 Patent").

Accompanying this Preliminary Amendment is a Reissue Application Oath and Consent by Assignee, an Information Disclosure Statement and a copy of the issued '276 Patent.

The Commissioner is authorized to charge the reissue filing fees of 1572.00 to Deposit Account 50-2719. The Commissioner is also authorized to charge any insufficiency or credit any overpayment to the same account.

PTO/SE/36 (02-15) Approved for use twoogn 05/31/2013, ONE ORE1-0033 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Stable of the Second contract state of the second state of the second state of the second state of the second s

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EFS ID:	10312856								
Application Number:	13161169								
International Application Number:									
Confirmation Number:	4878								
Title of Invention:	Belly Covering Garment								
First Named Inventor/Applicant Name:	Lisa A. Hendrickson								
Customer Number:	35811								
Filer:	Paul A. Taufer/Nancy Nunez								
Filer Authorized By:	Paul A. Taufer								
Attorney Docket Number:	DMC-10-1220CON1-RE								
Receipt Date:	15-JUN-2011								
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Application Type:	Reissue (Utility)								

Payment information:

Submitted with Payment	yes								
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Charge any Additional Fees required under 37 C.F.R. Section 1.19 (Document supply fees) Charge any Additional Fees required under 37 C.F.R. Section 1.20 (Post Issuance fees) Charge any Additional Fees required under 37 C.F.R. Section 1.21 (Miscellaneous fees and charges) **File Listing:** Document File Size(Bytes)/ Multi Pages **Document Description File Name** Number Message Digest Part /.zip (if appl.) 603014 2 1 Fee Worksheet (SB06) ReissueAppInFeeTransForm.pdf no d5ffc9e4269fa90a727f56b3b49cae441b1e 5e40 Warnings: Information: 611970 2 **Transmittal Reissue Application** ReissuePatentAppInTrans.pdf no 2 60d4525c17dc01672a8b5d2e49d32f5cd6 34003 Warnings: Information: 242365 3 **Transmittal Reissue Application** ReissueAppInTrans.pdf 2 no a24a0ba0e40979520a6b3bb7535c49b292 988c8 Warnings: Information: 455216 4 7900276.pdf 12 yes c7071d1d43979346b5f13d19b797a439ed 67436 Multipart Description/PDF files in .zip description **Document Description** Start End Abstract 1 1 Drawings-only black and white line drawings 2 9 Specification 10 11 Claims 12 12 Warnings: Information: 472546 Consent of Assignee accompanying the 5 ReissueOathandConsent.pdf 2 no declaration 6c9b1096db5f2a462a6cf7a61d4287c26bb a8da8 Warnings: Information:

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Title of Invention:	Belly Covering Garment								
First Named Inventor/Applicant Name:	Lis	a A. Hendrickson							
Filer:	Pa	ul A. Taufer/Nancy N	lunez						
Attorney Docket Number:	DN	1C-10-1220CON1-R	E						
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<u>Remarks</u>

The claims as issued in the '276 Patent remain unchanged by this Preliminary Amendment. New Claims 17-21 are added. The newly added claims are directed to additional features of the contemplated invention. Support for the new claims can be found in the specification of the '276 Patent (and its originally filed application), and also in the specification of U.S. Patent No. 7,814,575 ("the '575 Patent") from which priority is claimed. No new matter is added by these amendments.

Pursuant to 37 CFR §1.173(c), the following is an identification of the support for the added claims as found in the specification of the '276 Patent (for which reissue is sought) and the '575 Patent.

Newly Added Claim 17

17. The garment portion of claim 15, wherein the stitches or knitted tension extend along multiple paths arranged in an elliptical pattern that curves, so as to cradle a curved abdomen.

Column 4, lines 11-13 of the '276 Patent (for which reissue is sought) describes the claimed feature as follows: "The knitted tension or stitches extend along multiple stitch paths grouped in an elliptical pattern that curves so as to cradle a curved growing abdomen..."

Similarly, column 3, line 67-column 2, line 2 of the '575 Patent describes the claimed feature as follows: "The knitted tension or stitches extend along multiple stitch paths grouped in an elliptical pattern that curves so as to cradle a curved growing abdomen..."

Newly Added Claim 18

18. The garment portion of claim 1, wherein the belly panel further comprises a series of stitches or knitted tension in a backside of the belly panel to provide spinal and back support against the wearer.

Column 4, lines 15-19 of the '276 Patent (for which reissue is sought) describes the claimed feature as follows: "...the backside of the garment upper portion 102 is provided with spinal column and back support for a wearer of the garment, in the form of a series of sewn supporting stitches or knitted tension..."

Column 4, lines 4-8 of the '575 Patent describes the claimed feature as follows: "...the backside of the garment upper portion 102 is provided with spinal column and back support for a wearer of the garment, in the form of a series of sewn supporting stitches or knitted tension..."

Newly Added Claim 19

19. The garment portion of claim 18, wherein the series of stitches or knitted tension extends along a pattern of multiple stitch paths.

Column 4, lines 23-24 of the '276 Patent (for which reissue is sought) describes the claimed feature as follows: "For example, the series of supporting stitches are arranged along multiple stitch paths..."

Column 4, lines 12-13 of the '575 Patent describes the claimed feature as follows: "For example, the series of supporting stitches are arranged along multiple stitch paths..."

Newly Added Claim 20

20. The garment portion of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as a hyperboloid cylinder to fit a body type having a tapered torso.

Column 3, lines 62-64 of the '276 Patent (for which reissue is sought) describes

the claimed feature as follows: "...the tubular structure is shaped and formed as ...

hyperboloid cylinder to fit a body type having a tapered torso ... "

Column 3, lines 52-54 of the '575 Patent also describes the claimed feature as follows: "...the tubular structure is shaped and formed as a... hyperboloid cylinder to fit a body type having a tapered torso..."

Newly Added Claim 21

21. The garment portion of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as a straight-sided cylinder to fit a body type having a correspondingly shaped torso.

Column 3, lines 66-67 of the '276 Patent (for which reissue is sought) describes the claimed feature as follows: "...the tubular structure is shaped and formed as a straight-sided cylinder..."

Similarly, column 3, lines 55-56 of the '575 Patent describes the claimed feature

as follows: "...the tubular structure is shaped and formed as a straight-sided cylinder..."

Conclusion

As indicated above, there is support for each of the features of the claims as added by this Preliminary Amendment in the specification of US Patent No. 7,900,276 (for which reissue is now sought), and in the specification of US Patent No. 7,814,575 (from which priority is claimed). It is respectfully submitted that the claims as pending in this reissue application are in allowable form. Acceptance of all amendments and a notice of allowance are requested, followed by publication of the reissue patent.

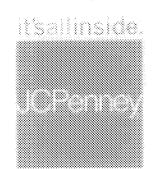
Respectfully submitted,

Richard L. Cruz

Reg. No. 52,783 Attorney for Applicants

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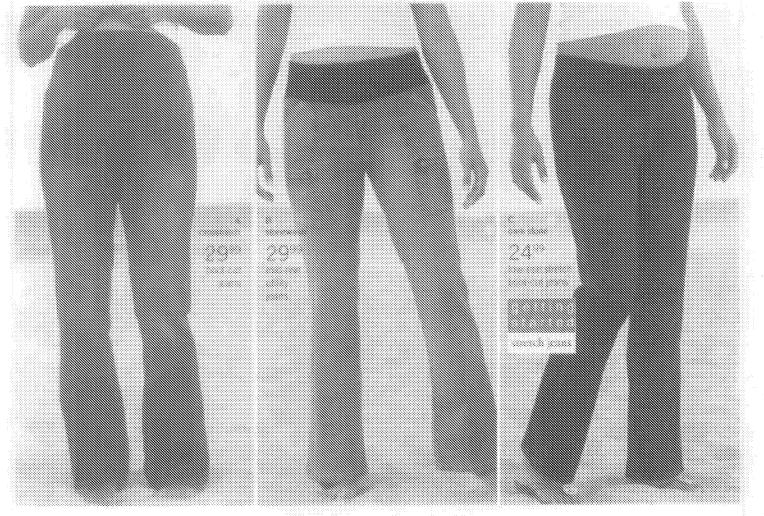
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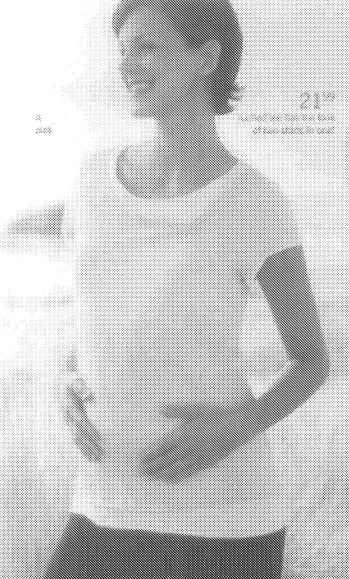
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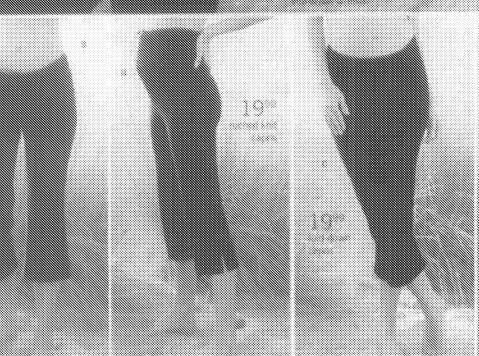
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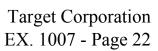
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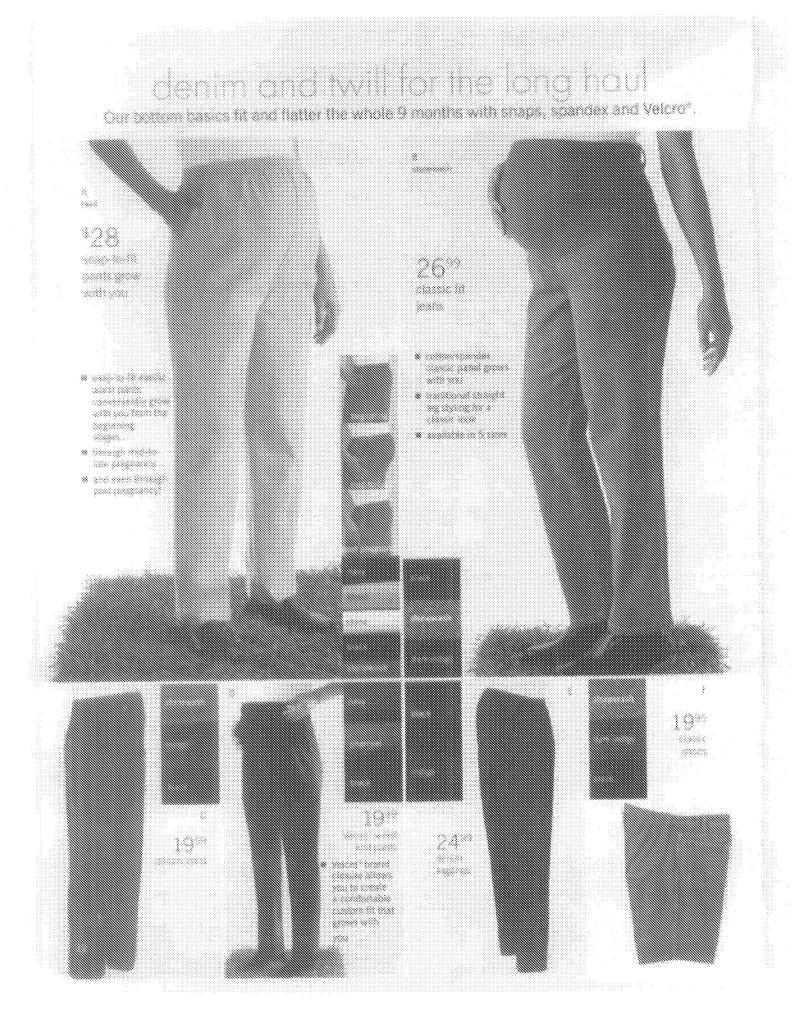
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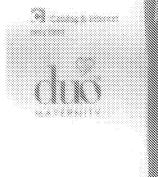
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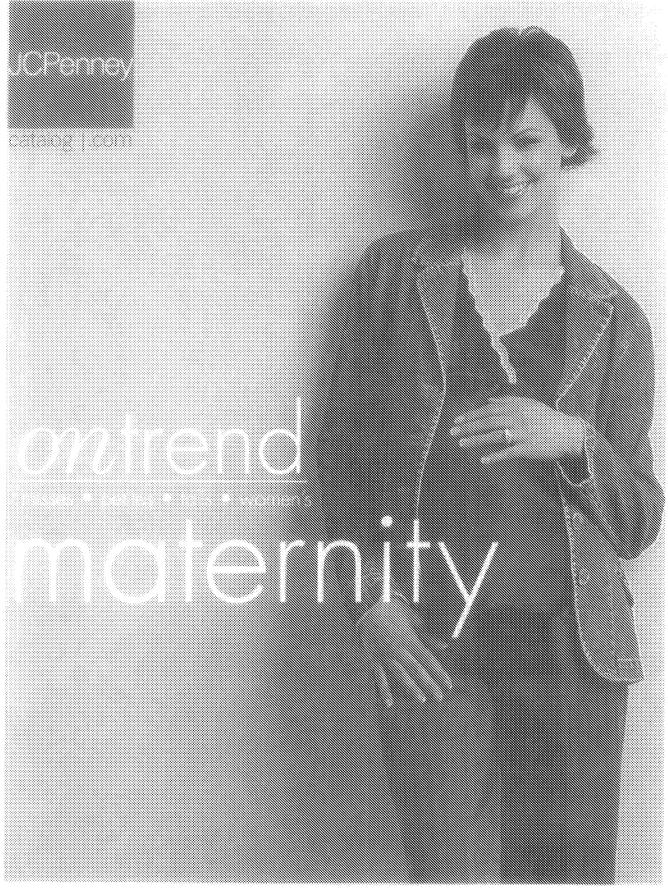


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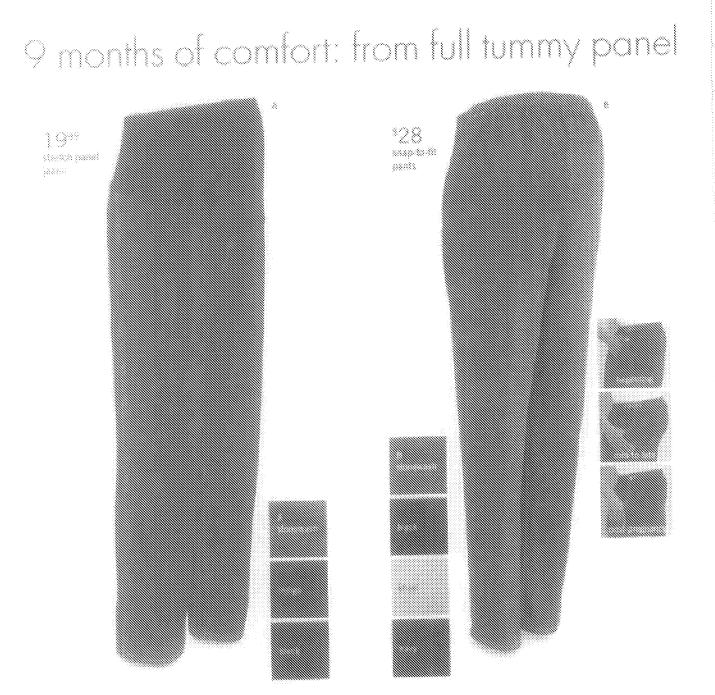
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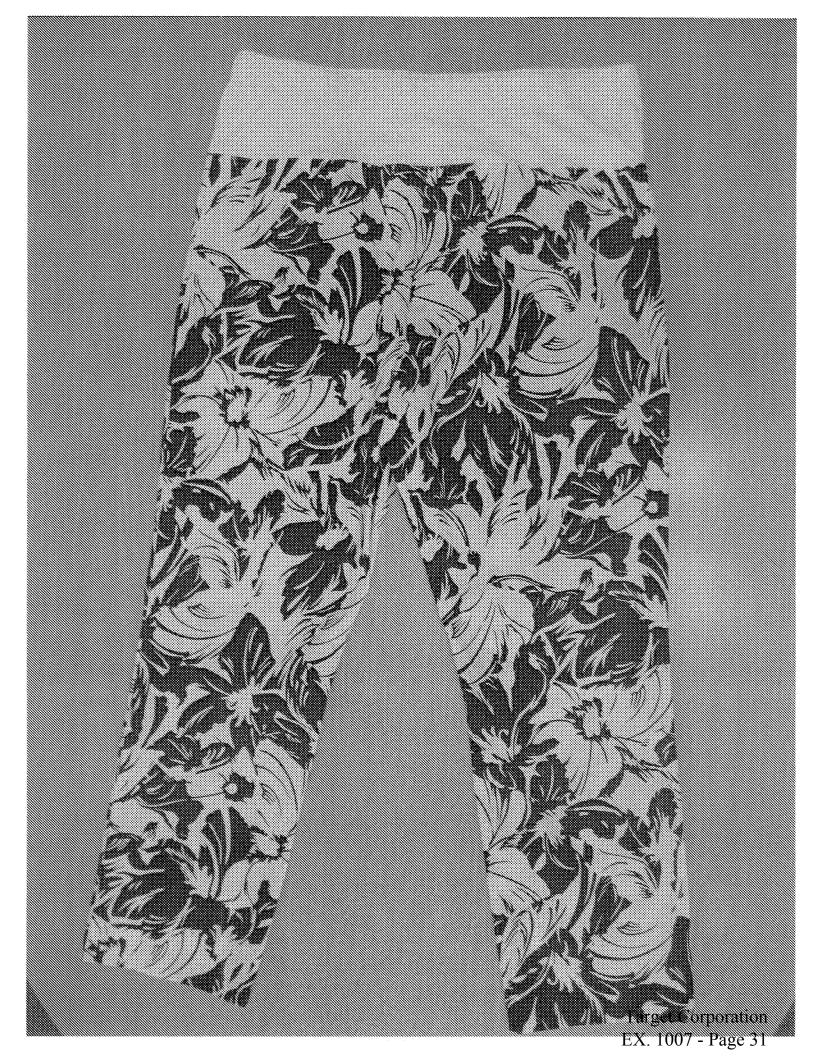
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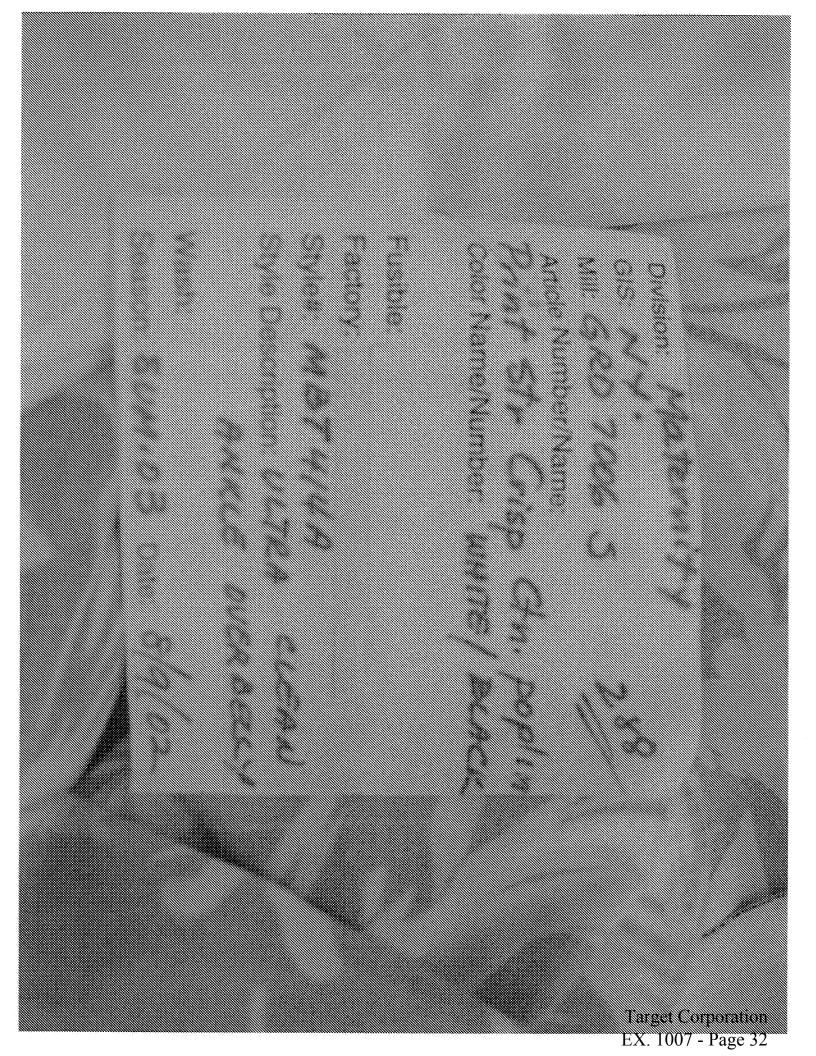
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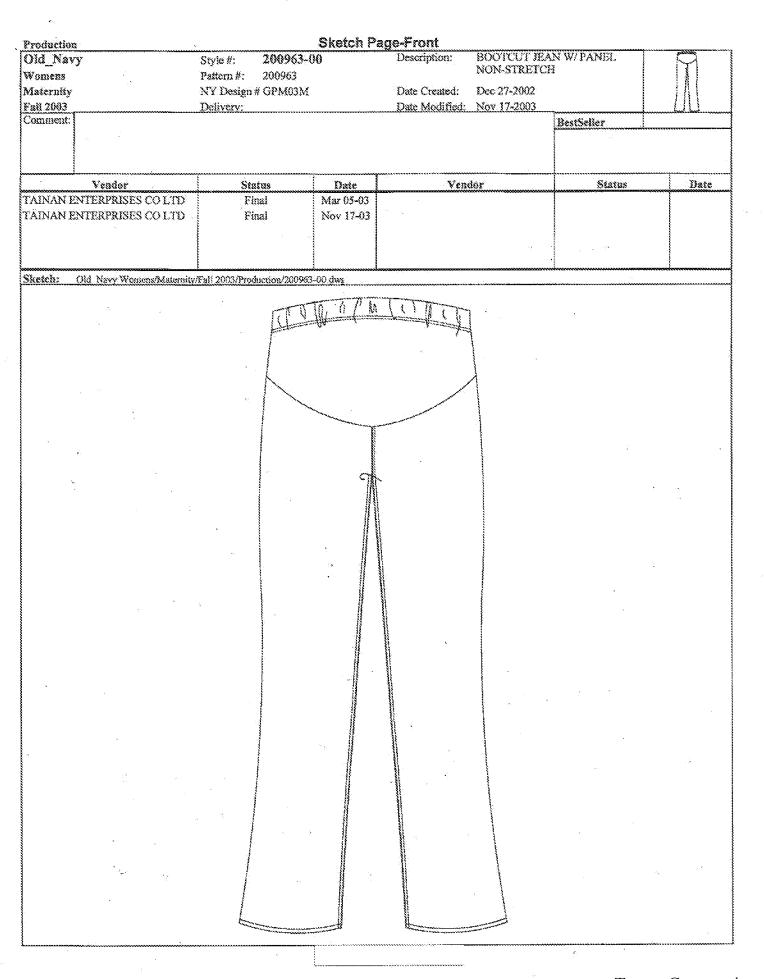


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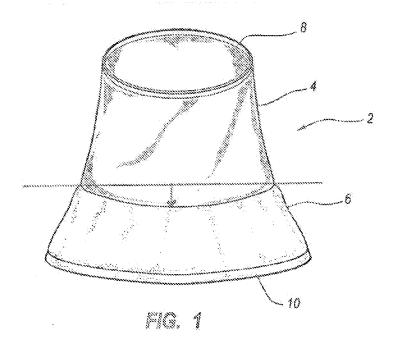
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| luct Type<br>OM<br>2 *Pr | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX          |
| Inet Type<br>DM          | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX          |
| luct Type<br>OM<br>2 *Pr | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX          |
| Inet Type<br>DM          | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX          |
| luct Type<br>OM<br>2 *Pr | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| 2 *P.                    | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| luct Type<br>OM<br>2 *Pr | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| luct Type<br>OM<br>2 *Pr | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| luct Type<br>OM<br>2 *Pr | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| 2 *P.                    | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| 2 *P.                    | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| duct Type<br>OM<br>2 *P. | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| duct Type<br>OM<br>2 *P. | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX)         |
| duct Type<br>OM<br>2 *P. | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |
| duct Type<br>OM<br>2 *P. | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | utermity 1/4              | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX)         |
| duct Type<br>OM<br>2 *P. | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | itermity 1/4<br>e-Mat 1/4 | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      | XXX)         |
| OM<br>2 *P               | :: Oid Nevy Wo<br>DE<br>anel Height at                 | SCRIPTION<br>CF from Top                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Edge-Mi         | itermity 1/4<br>e-Mat 1/4 | 1/4                                                                                                             |         | <u>Me</u><br>XS<br>- 3/8                                                                                        | asuremes<br>S    | M<br>9 1/2    | Fini<br>L<br>3/8 | XI.             | 3/8      |              |

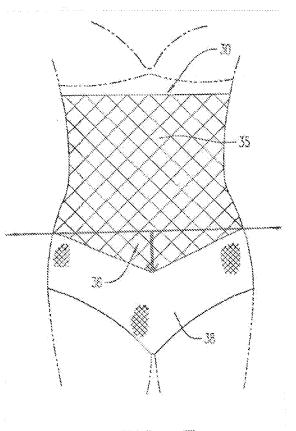
| roduction                                   |                                | ed Measurement (<br>Description: | BOOTCUT JEAN W/ PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NEL /                                   |                          |
|---------------------------------------------|--------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|
| ld_Navy                                     | •                              | the deceletions.                 | NON-STRETCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | $\mathbf{T}$             |
| omens                                       | Pattern #: 200963              | Date Created:                    | Dec 27-2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | AL                       |
| aternity<br>11 2002                         | NY Design# GPM03M<br>Delivery: | Date Modified:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                          |
| all 2863                                    | Denvery:<br>an/200963-00.dwg   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | tu <del>lad</del> uuuyuu |
|                                             | SECON ANALY SKELCH: AMAGEMENT  | an 2003/Production/200903-0      | COMPET CARE CLAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                          |
|                                             |                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                          |
|                                             |                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · ·                                   |                          |
| ze Class: Old Navy Women's                  | Alphe                          |                                  | aple Size: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                          |
| xe Ronge: XS-XI.                            |                                | DO                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ı<br>shed Garment Meas                  |                          |
| rødaci Type: Old Navy Woven B<br>POM DESCRI |                                |                                  | CONTRACTOR OF A DECISION OF A DECISIONO OF A | *************************************** | sucments                 |
|                                             |                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                       |                          |
|                                             | m Top Edge-Maternity 1/4 1     | /4 83/4 91/8<br>/4 21/2 21/2     | 9 1/2 9 7/8 10 1/4<br>2 1/2 2 1/2 2 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·                                       | ×                        |
| 112 *Panel Height at CF fro                 | m Top Edge-Maternity 1/4 1     | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ×                        |
| 12 *Panel Height at CF fro                  | m Top Edge-Maternity 1/4 1     | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ×                        |
| 12 *Panel Height at CF fro                  | m Top Edge-Maternity 1/4 1     | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ×                        |
| 12 *Panel Height at CF fro                  | om Top Edge-Maternity 1/4 1    | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | *                        |
| 112 *Panel Height at CF fro                 | om Top Edge-Maternity 1/4 1    | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ж.                       |
| 112 *Panel Height at CF fro                 | om Top Edge-Maternity 1/4 1    | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ά.                       |
| 12 *Panel Height at CF fro                  | om Top Edge-Maternity 1/4 1    | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | ж,                       |
| 12 *Panel Height at CF fro                  | om Top Edge-Maternity 1/4 1    | /4 \$ 3/4 9 1/8                  | 9 1/2 97/8 10 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | Α.                       |

| roduction                                    |                            |                                                | rification (2) -          | 1st Fit               | EAN W/PAN | <u></u>        | 81855     |
|----------------------------------------------|----------------------------|------------------------------------------------|---------------------------|-----------------------|-----------|----------------|-----------|
| lid_Navy                                     |                            | 1963-00                                        | Description               | NON-STRET             | CH CH     |                | T         |
| Yomens                                       | Pattern #: 200             |                                                |                           |                       |           |                |           |
| (sternity                                    | NY Design # GPI            | 403M                                           | Date Create               |                       |           |                | 11 1      |
| . Surana                                     | Delivery:                  |                                                | Date Modif                | ied: Nov 17-2003      |           |                | <u></u>   |
| all 2003<br>Setch: /Maternity/Fall 2003/Pro- | juction/200963-00.dwg Sket | ch: /Maternity/Fal                             | 2003/Production/2005      | 263-00.dwr Sketch:    |           |                |           |
|                                              |                            |                                                |                           |                       |           |                |           |
| Size Class: Old Navy Wo                      | men's Alphe                |                                                |                           | Sample Size:          | M<br>Inch |                |           |
| Size Range: XS-XL                            |                            |                                                |                           | UOM:<br>Measurement T |           | hed Garment Me | asurement |
| Product Type: Old Navy Wo                    | ven Bottoms                |                                                |                           | Messurement 1         | M         | L L            |           |
| POM DE                                       | SCRIPTION                  | TOL (+) TO                                     |                           |                       |           |                |           |
| μ <sup>2</sup> ε.                            |                            |                                                |                           |                       |           |                |           |
|                                              |                            | <u></u>                                        | /4 83/4                   | 9 1/8                 | 9 1/2     | 97/            | 8         |
| E112 *Panel Height at                        | F from Top Edge-Mater      | and have been been been been been been been be | <u>/4 83/4</u><br>/4 21/2 | 21/2                  | 21/2      | 21/            |           |
| E113 Panel Height at S                       | ide Seam fim Top Edge-1    | <u>date 1/4 1</u>                              | 14 6.114                  |                       |           | -4             |           |
|                                              |                            |                                                | 2<br>2<br>2               |                       |           |                | *         |
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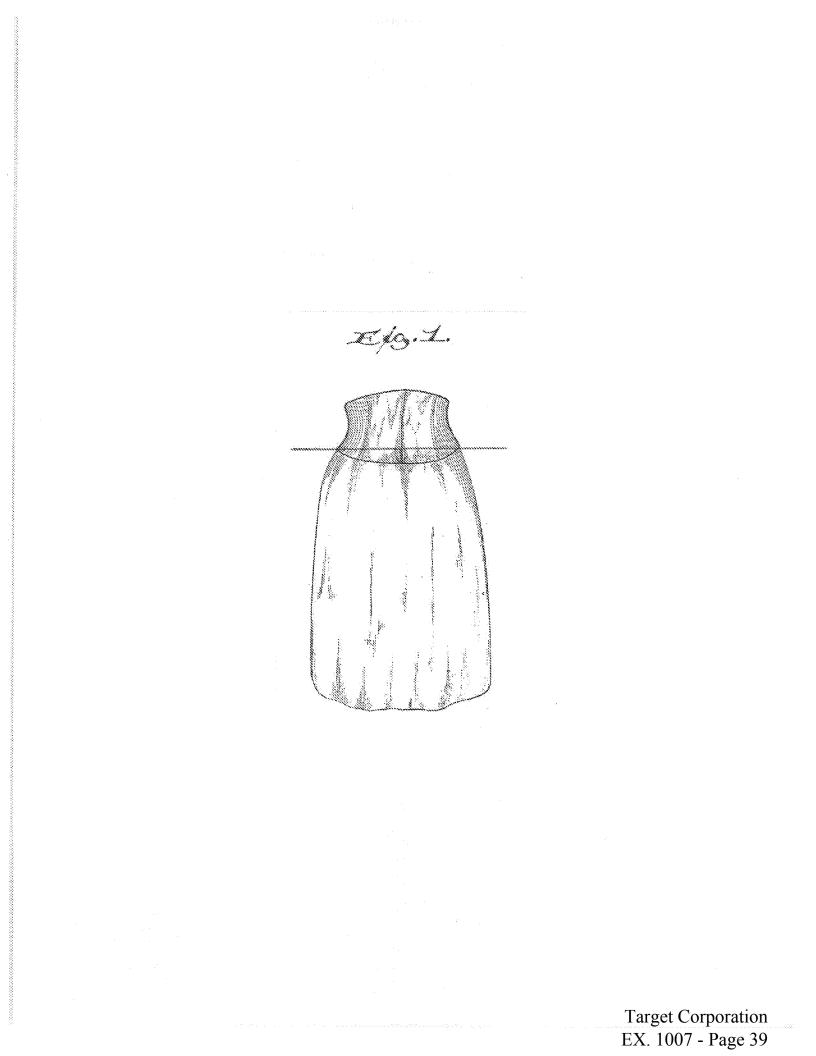
| roduction<br>lid_Navy | Style #;                                                                                                        | Measurement Ve<br>200963-00 | Description:             | BOOTCUT JEAN W/ PANEL         |                                       |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-------------------------------|---------------------------------------|
| omens                 | Pattern #:                                                                                                      | 200963                      | с.<br>1                  | NON-STRETCH                   |                                       |
| faternity             |                                                                                                                 | # GPM03M                    | Date Created:            | Dec 27-2002                   |                                       |
| ali 2083              | Delivery:                                                                                                       | TY NAL GRAGOLING            |                          | Nov 17-2003                   |                                       |
|                       | 2003/Production/200963-00.dwg                                                                                   | Ers                         |                          |                               |                                       |
|                       |                                                                                                                 | A DECEN: /Matering/Pal      | 2003/Production/200963   | -00.dwg SHCECH:               |                                       |
| J. L.                 | CTATION .                                                                                                       |                             |                          |                               |                                       |
|                       |                                                                                                                 | Prozen                      | the second second second |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
|                       |                                                                                                                 | l has                       |                          |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
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| ļ                     |                                                                                                                 |                             |                          |                               | 4                                     |
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|                       |                                                                                                                 |                             |                          |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
| 1                     |                                                                                                                 |                             |                          |                               |                                       |
|                       |                                                                                                                 |                             |                          |                               |                                       |
| 1                     |                                                                                                                 |                             |                          |                               |                                       |
|                       | Constanting of the second s | 1                           |                          |                               |                                       |
|                       | avy Women's Alph:                                                                                               | ъ.                          |                          | mple Size: M                  |                                       |
| ze Range: XS-XI       |                                                                                                                 |                             |                          | Inch                          |                                       |
| oduct Type: Old N     | avy Woven Bottoms                                                                                               |                             |                          | casurement Type: Finished Gar | ment Measurements                     |
|                       | DESCRIPTION                                                                                                     | TOL (+) TOL                 | (-) XL                   | 3                             |                                       |
|                       |                                                                                                                 |                             |                          | <b>3</b><br>•                 |                                       |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    | ₽<br>•                        |                                       |
|                       |                                                                                                                 | aternity 1/4 1/4            | 101/4                    |                               | . 4                                   |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               | t                                     |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               | . 4                                   |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               | . 4                                   |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
|                       | ight at CF from Top Edge-M                                                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>tht at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
|                       | ight at CF from Top Edge-M<br>tht at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>tht at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>tht at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>tht at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               | · · · · · · · · · · · · · · · · · · · |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               | -4<br>-<br>-<br>-<br>-                |
| 13 Panel Hei          | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |
| 13 Panel Heij         | ight at CF from Top Edge-M<br>ght at Side Seam frm Top Edg                                                      | aternity 1/4 1/4            | 101/4                    |                               |                                       |

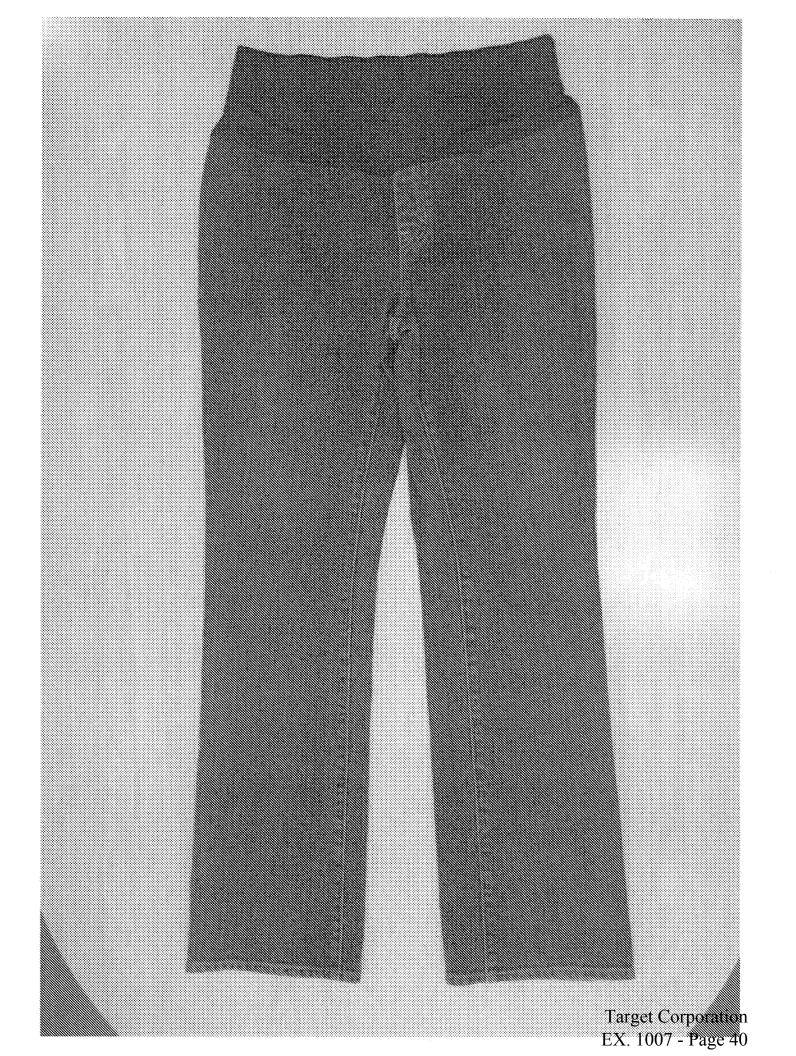


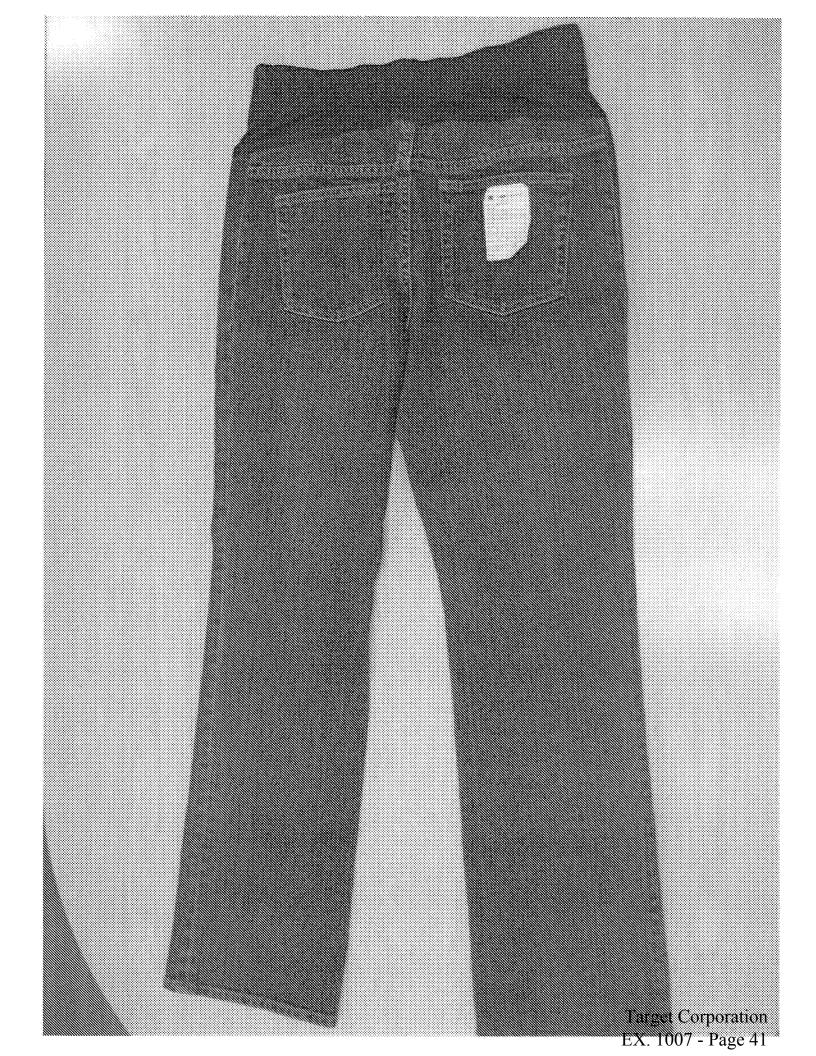








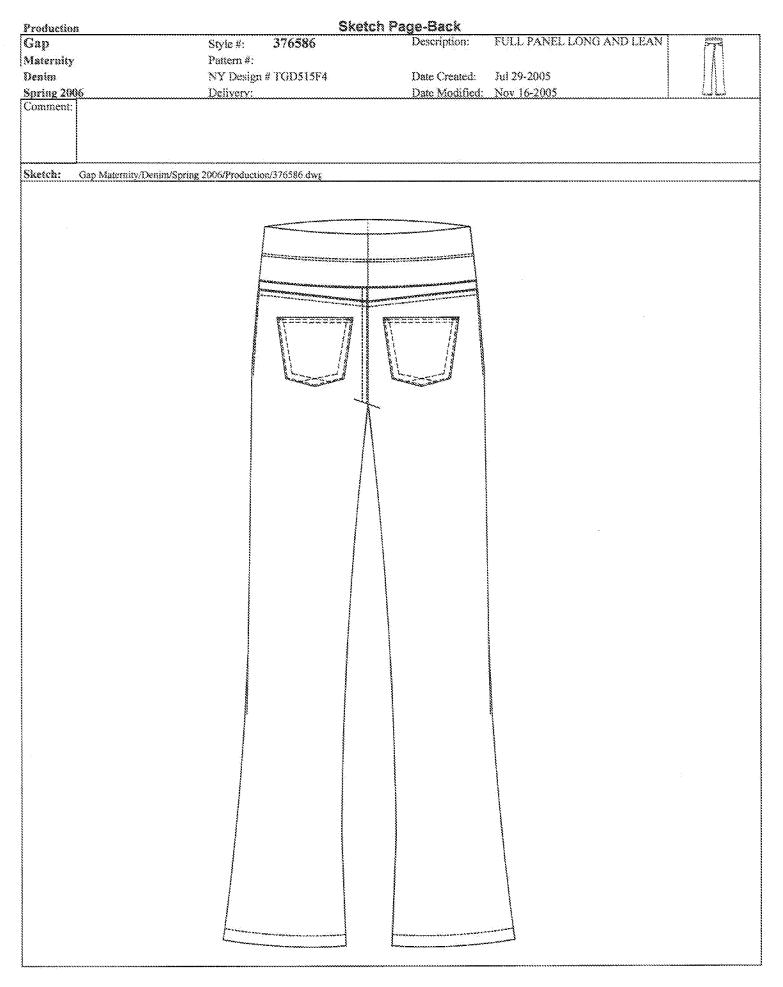


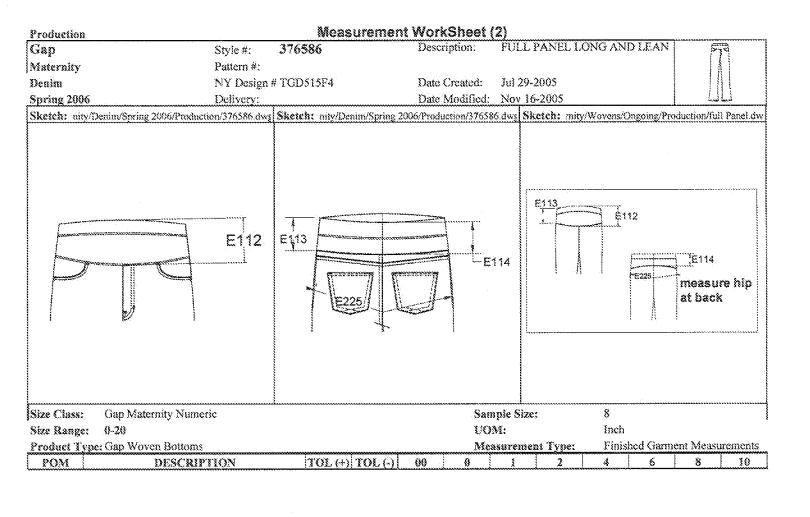


DELL MOUSE VERDOR. MINN . STYLENO 207071 DESC FOUL PASEL DULLA COLOK WHICHT SI/1 ( REMARKS DATE 20 ALL 02 CHARLON MAN CICONFIRMATION SAMPLE []paulti CITEL TREAT NAMES Q'AD [];]IIPMI.''' OTHERS 

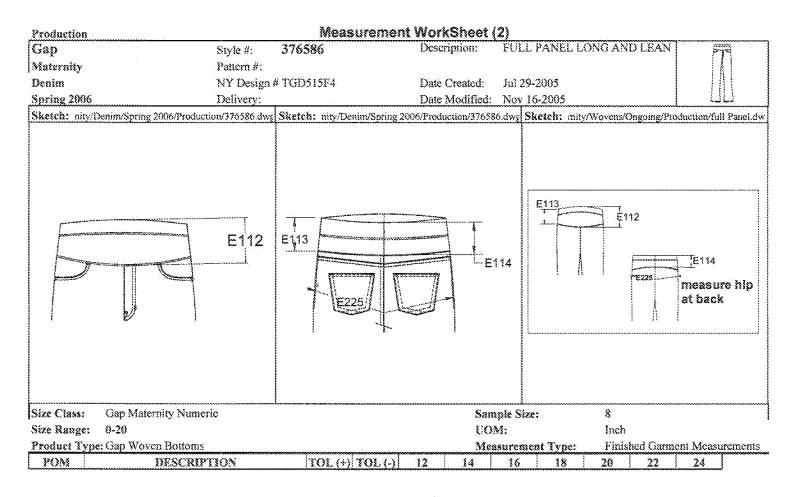
EX. 1007 - Page 42

| Production          |                      | Sketch Pa | ge-Front       |              |               |        |
|---------------------|----------------------|-----------|----------------|--------------|---------------|--------|
| Gap                 | Style #: 376586      |           | Description:   | FULL PANEL I | LONG AND LEAN | FTR    |
| Maternity           | Pattern #:           |           |                |              |               |        |
| Denim               | NY Design # TGD515F4 | 1         | Date Created:  | Jul 29-2005  |               |        |
| Spring 2006         | Delivery:            |           | Date Modified: | Nov 16-2005  |               | لماليا |
| Comment:            |                      |           |                |              | BestSeller    |        |
|                     |                      |           |                |              |               |        |
|                     |                      |           |                |              |               |        |
|                     |                      |           |                |              |               |        |
| Vendor              | Status               | Date      | Ven            | dor          | Status        | Date   |
| MBATTUR CLOTHING IN | WIL Approved for Fit | Nov 16-05 |                |              |               |        |





| E112 | *Panel Height at CF from Top Edge | 1/4 | 1/4 | 0 | 0 | 0 | 0 | 0 | 0 | 9     | 0 |
|------|-----------------------------------|-----|-----|---|---|---|---|---|---|-------|---|
| E113 | *Panel Height at SS from Top Edge | 1/4 | 1/4 | 0 | 0 | 0 | Q | 0 | 0 | 4 1/2 | 0 |
| E114 | *Panel Height at CB from Top Edge | 1/4 | 1/4 | 0 | Ó | 0 | 0 | 0 | 0 | 3 3/4 | 0 |



| E112 | *Panel Height at CF from Top Edge | 1/4 | 1/4 | 0  | 0 | 0 | 0 | 0 | 0 |
|------|-----------------------------------|-----|-----|----|---|---|---|---|---|
| E113 | *Panel Height at SS from Top Edge | 1/4 | 1/4 | 0. | 0 | 0 | 0 | 0 | 0 |
| E114 | *Panel Height at CB from Top Edge | 3/4 | 374 | 0  | Ó | 0 | 0 | 0 | 0 |

| Production  | Calculate            | ed Measurement ( | 2)                       |       |
|-------------|----------------------|------------------|--------------------------|-------|
| Gap         | Style #: 376586      | Description:     | FULL PANEL LONG AND LEAN | 279   |
| Maternity   | Pattern #:           |                  |                          | l A l |
| Denim       | NY Design # TGD515F4 | Date Created:    | Jul 29-2005              |       |
| Spring 2006 | Delivery:            | Date Modified:   | Nov 16-2005              | LJ LJ |

| POM  | DESCRIPTION                       | TOL (+) | TOL (-) | 0     | 1     | 2     | 4     | 6     | ] 8        | 10    | 12    |
|------|-----------------------------------|---------|---------|-------|-------|-------|-------|-------|------------|-------|-------|
|      |                                   |         |         |       |       |       |       |       |            |       |       |
|      |                                   |         |         |       |       |       |       |       |            |       |       |
|      |                                   |         |         |       |       |       |       |       |            |       |       |
|      |                                   |         |         |       |       |       |       |       |            |       |       |
|      |                                   |         |         |       |       |       |       |       |            |       |       |
|      |                                   |         |         |       |       |       |       |       | <b>7</b> . | •     |       |
| E112 | *Panel Height at CF from Top Edge | 1/4     | 1/4     | 9     | 9     | 9     | 9     | 9     | 9          | 9     | 9     |
| E113 | *Panel Height at SS from Top Edge | 1/4     | 1/4     | 4 1/2 | 4 1/2 | 4 1/2 | 4 1/2 | 4 1/2 | 4 1/2      | 4 1/2 | 4 1/2 |
| E114 | *Panel Height at CB from Top Edge | 1/4     | }/4     | 3 1/4 | 3 1/4 | 3 1/4 | 3 1/4 | 3 1/4 | 3 1/4      | 3 1/4 | 3 1/4 |

| Production  | Calculated Measurement (2) |                |                          |      |  |  |  |  |  |
|-------------|----------------------------|----------------|--------------------------|------|--|--|--|--|--|
| Gap         | Style #: 376586            | Description:   | FULL PANEL LONG AND LEAN | 57 G |  |  |  |  |  |
| Maternity   | Pattern #:                 |                |                          |      |  |  |  |  |  |
| Denim       | NY Design # TGD515F4       | Date Created:  | Jul 29-2005              |      |  |  |  |  |  |
| Spring 2006 | Delivery:                  | Date Modified: | Nov 16-2005              |      |  |  |  |  |  |

| E112         | *Panel Height at CF from Top Edge                                      | 1/4        | 1/4        | 9              | 9              | 9              | 9              |
|--------------|------------------------------------------------------------------------|------------|------------|----------------|----------------|----------------|----------------|
| E113<br>E114 | *Panel Height at SS from Top Edge<br>*Panel Height at CB from Top Edge | 1/4<br>1/4 | 1/4<br>1/4 | 4 1/2<br>3 1/4 | 4 1/2<br>3 1/4 | 4 1/2<br>3 1/4 | 4-1/2<br>3-1/4 |

TOL (+) TOL (-)

16

14

18

20

DESCRIPTION

POM

| Production                     |                         | Measurement V        | erification (2)        |            |                |                   |                                |
|--------------------------------|-------------------------|----------------------|------------------------|------------|----------------|-------------------|--------------------------------|
| Gap                            | Style #:                | 376586               | Description            | r: FUI     | LL PANEL LO    | NG AND LEAN       | 573                            |
| Maternity                      | Pattern #:              |                      |                        |            |                |                   |                                |
| Denîm                          | NY Design               | # TGD515F4           | Date Create            | ed: Jul    | 29-2005        |                   |                                |
| Spring 2006                    | Delivery:               |                      | Date Modi              | fied: Nov  | / 16-2005      |                   |                                |
| Sketch: aity/Denim/Spring 2006 | 5/Production/376586.dwg | Sketch: nity/Donim/S | pring 2006/Production/ | 376586.dwg | Sketch: mity/V | /ovens/Ongoing/Pr | oduction/full Panel (          |
|                                |                         | E113                 |                        | £114       |                | E112              | E114<br>measure hip<br>at back |
| Size Class: Gap Maternity      | y Numeric               |                      |                        | Sample S   | lize:          | 8                 |                                |
| Size Range: 0-20               |                         |                      |                        | UOM:       |                | inch              |                                |
| Product Type: Gap Woven B      | lottoms                 |                      |                        | Measure    | ment Type:     | Finished Garm     | ent Measurement                |
| POM DE                         | SCRIPTION               | TOL (+) TO           | L(-) 0                 | 1          |                | 2                 | 4                              |

| E112 | *Panel Height at CF from Top Edge | 1/4 | 1/4 | 9     | 9     | 9     | 9     |
|------|-----------------------------------|-----|-----|-------|-------|-------|-------|
| E113 | *Panel Height at SS from Top Edge | 1/4 | 1/4 | 4 1/2 | 4 1/2 | 4 1/2 | 4 1/2 |
| E114 | *Panel Height at CB from Top Edge | 1/4 | 1/4 | 3 1/4 | 3 1/4 | 3 1/4 | 3 1/4 |
|      | · ·                               |     |     |       |       |       |       |

| Production                   | Measureme                               | nt Verification (2) - 1s          | t Fit             |                      |                                |
|------------------------------|-----------------------------------------|-----------------------------------|-------------------|----------------------|--------------------------------|
| Gap                          | Style #: 376586                         | Description;                      | FULL PANEL L      | ONG AND LEAN         | 5773                           |
| Vlaternity                   | Pattern #:                              |                                   |                   |                      |                                |
| denim                        | NY Design # TGD515F4                    | Date Created:                     | Jul 29-2005       |                      |                                |
| Spring 2006                  | Delivery:                               | Date Modified:                    | Nev 16-2005       |                      |                                |
| iketch: nity/Denim/Spring 20 | 06/Production/376586.dwg Sketch: nity/D | enim/Spring 2006/Production/37658 | 6.dws Sketch: mir | //Wovens/Ongoing/Pro | duction/fuil Panel             |
|                              |                                         |                                   |                   | É112                 | E114<br>measure hij<br>at back |
| Size Class: Gap Materni      | ty Numeric                              | San                               | ple Size:         | 8                    |                                |
| lize Range: 0-20             |                                         | UO)                               | VI:               | Inch                 |                                |
| roduct Type: Gap Woven       | ~~~~~~~~~~                              |                                   | surement Type:    | Finished Garmo       | ent Measuremen                 |
| POM D                        | ESCRIPTION TOL (+                       | TOL (-) 6                         | 8                 | 18                   | 12                             |

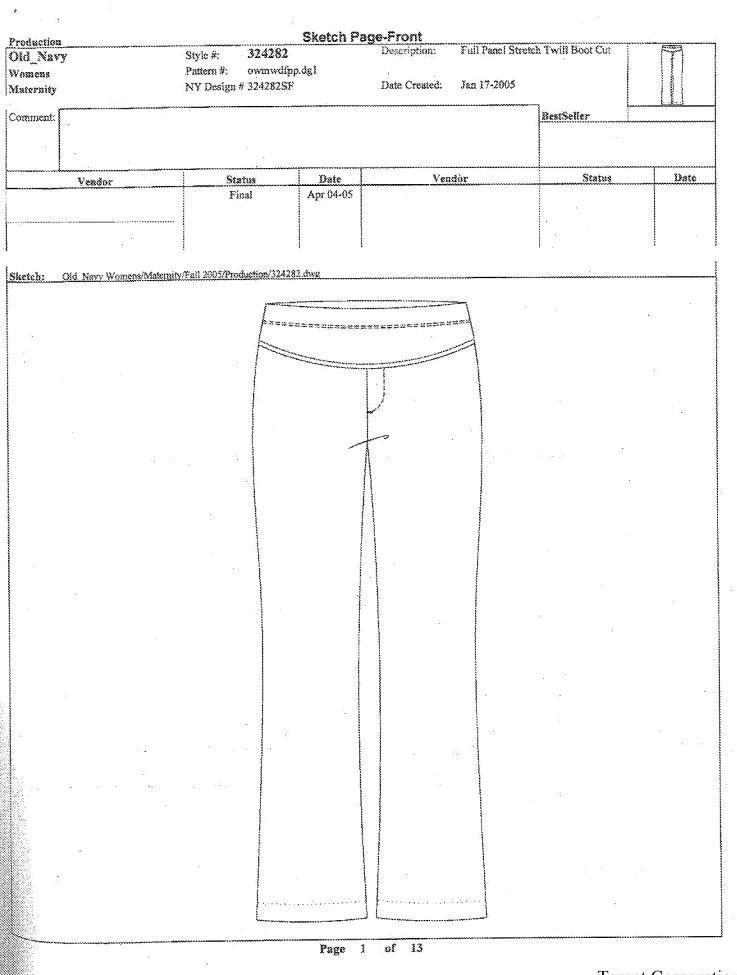
| E112 | *Panel Height at CF from Top Edge | 1/4 | 1/4 | 9     | 9     | 9     | 9     |
|------|-----------------------------------|-----|-----|-------|-------|-------|-------|
| E413 | *Panel Height at SS from Top Edge | 1/4 | 3/4 | 4 1/2 | 4 1/2 | 4 1/2 | 4 1/2 |
| E114 | *Panel Height at CB from Top Edge | 1/4 | 1/4 | 3 1/4 | 3.1/4 | 3 1/4 | 3 1/4 |

| Production     |                                         | Measuremen        | t Verification      | (2) - 1st    | Fit     |                                  |                                 |
|----------------|-----------------------------------------|-------------------|---------------------|--------------|---------|----------------------------------|---------------------------------|
| Gap            | Style #:                                | 376586            | Desc                | ription:     | FULL.   | PANEL LONG AND LEAN              | 5.7°                            |
| Maternity      | Pattern #:                              |                   |                     |              |         |                                  |                                 |
| Denim          | NY Design                               | # TGD515F4        | Date                | Created:     | Jul 29  | -2005                            | 111                             |
| Spring 2006    | Delivery:                               |                   | Date                | Modified:    | Nov 1   | 6-2005                           | ليها ليبا                       |
| Sketch: nity/I | Denim/Spring 2006/Production/376586.dwg | Sketch: nity/Deni | m/Spring 2006/Produ | iction/37658 | i.dws S | ketch: mity/Wovens/Ongoing/Produ | iction/full Panel c             |
|                | E112                                    | E113              |                     |              |         |                                  | ]E114<br>neasure hip<br>it back |
| Size Class:    | Gap Maternity Numeric                   |                   |                     | Sam          | ple Siz | *: 8                             |                                 |
| lize Range:    | 8-29                                    |                   |                     | UOM          | 1:      | Inch                             |                                 |
| roduct Type    | e: Gap Woven Bottoms                    |                   | ****                | Mea          | sureme  | mt Type: Finished Garmen         | t Measuremen                    |
| POM            | DESCRIPTION                             | TOL (+) 3         | OL (-) 14           | · 1          | 16      | 18                               |                                 |

| E112 | *Panel Height at CP from Top Edge | 1/4 | 3/4 | 9     | 9     | 9     |
|------|-----------------------------------|-----|-----|-------|-------|-------|
| E113 | *Panel Height at SS from Top Edge | 1/4 | 1/4 | 4.5   | 4.5   | 4.5   |
| E114 | *Panel Height at CB from Top Edge | 1/4 | 1/4 | 3 1/4 | 3 1/4 | 3 1/4 |

| Production                            |            | Calculat                     | ed Measurement (           | (2)              |                 |              |
|---------------------------------------|------------|------------------------------|----------------------------|------------------|-----------------|--------------|
| Gap                                   | Style #:   | 313773                       | Description:               | Roll Panel Moder | n Chine         | <u> </u>     |
| Visternity                            | Pattern #: | 313773                       |                            |                  |                 |              |
| Wavens                                | NY Design  | # TGB014F5                   | Date Created:              | Feb 08-2005      |                 |              |
| Fall 200 <b>5</b>                     | Delivery   | a fight an an an an an an an | Date Modified:             |                  |                 |              |
| iketch: wrnity Wovens/Fall 20         |            | Sketch: sity/Wovers          | Fall 2005/Production/31377 |                  |                 |              |
|                                       |            |                              |                            |                  |                 |              |
| <b>size Class:</b> Gap Maternit       | y Numeric  |                              | San                        | ople Size:       | 8               |              |
| dize Range: 0-20                      | •          |                              | UO                         | N\$:             | Inch            |              |
| <mark>roduct Type:</mark> Gap Woven I | fottotas   |                              | Me                         | asurement Type:  | Finished Garmen | t Measuremen |
| POM DE                                | SCRIPTION  | TOL (+)  TO                  | 0 1                        | 2 4              | 6 1 8 1         | 10 12        |

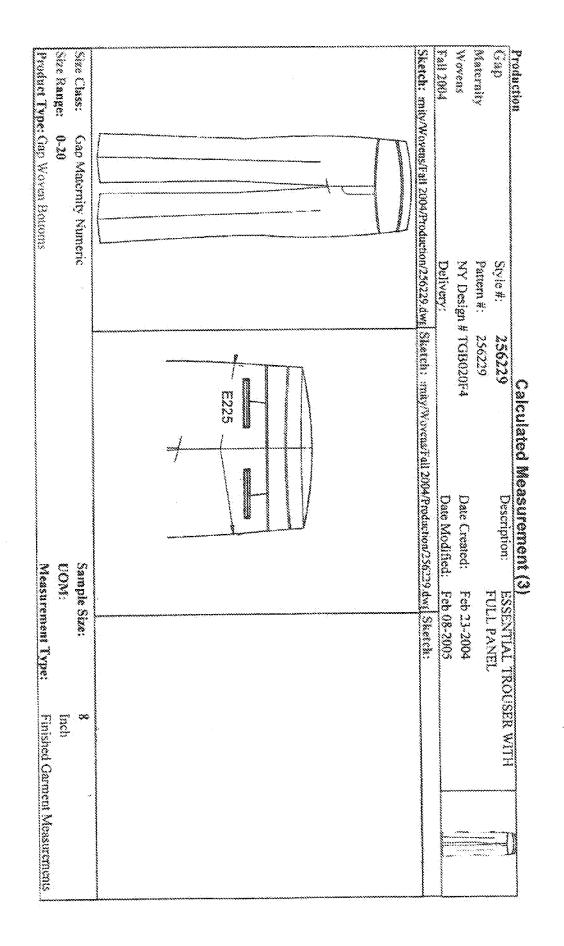
| · · · · · · · · · · · · · · · · · · ·        | ····· |       |      |            |        |     |
|----------------------------------------------|-------|-------|------|------------|--------|-----|
| E112 Panel Height at CF from Top Edge        | 1/4   | 1/4 6 | 6. 6 | - <b>6</b> | 8 16 1 | 6 6 |
| E113 *Panel Height at Sideseam from Top Edge | 1)4   | 1/4 6 | 6 6  | 8          | 6 6    | 6 6 |
| E114 *Parel Height at CB from Top Edge       | 1/4   | 1.4 6 | 6 6  | 6          | 6 6    | 8 6 |

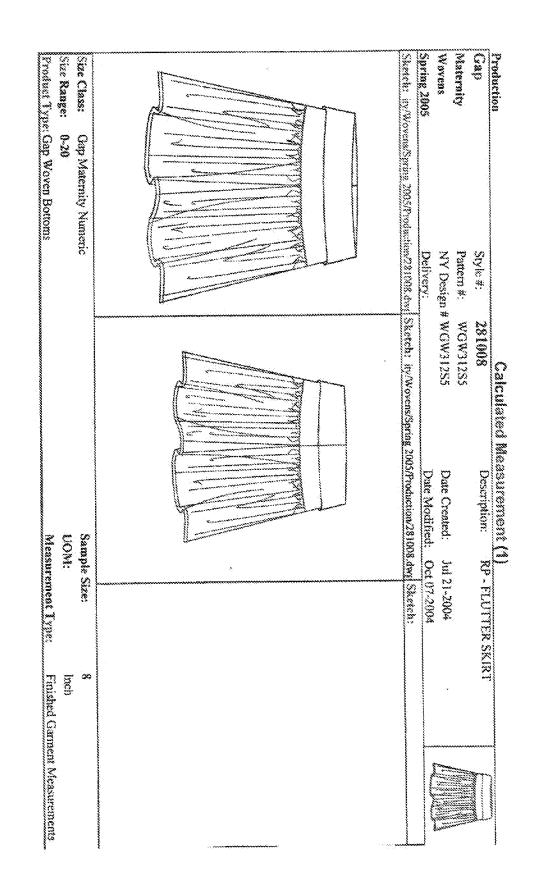


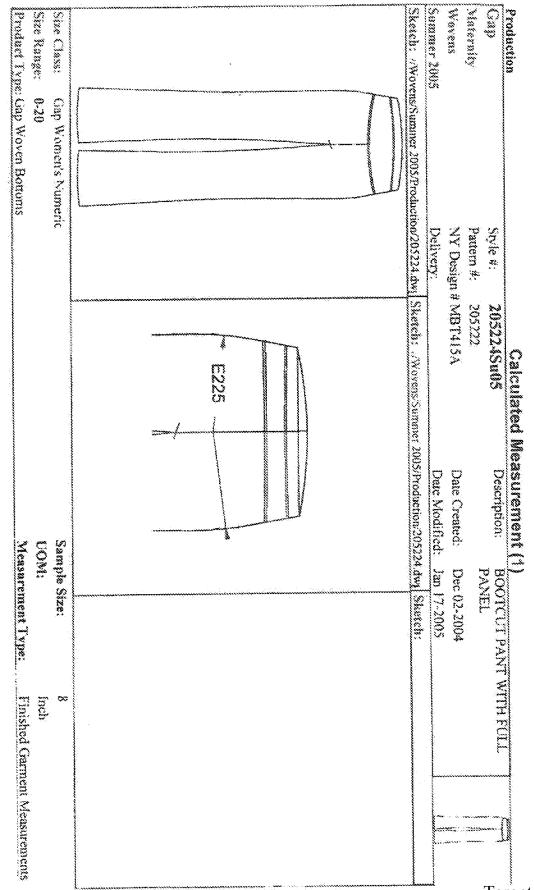
| rosuction              |                                             | ch Page-Back<br>Description: | Full Panel Stretch Twill Boot Cut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|------------------------|---------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| ld_Navy<br>Jemens      | Siyle #: 324282<br>Pattern #: owmwdfpp.dg1  | <u>k</u>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| ancus<br>laternity     | NY Design # 324282SF                        | Date Created:                | Jan 17-2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| omment:                |                                             |                              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 e |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| iketch: Old Navy Womer | s/Maternity/Pail 2005/Production/324282.dwg |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | 1                                           | ****                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | h========                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        | 1                                           |                              | an in a second sec |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                        |                                             | -                            | 95.<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|                        |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
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EX. 1007 - Page 54







### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Art Unit                 | : Customer No. 035811            |
|--------------------------|----------------------------------|
| Examiner                 |                                  |
| Serial No.               | : Docket No.: DMC-10-1220CON1-RE |
| Filed                    | : Herewith                       |
| <b>Reissue of Patent</b> | : 7,900,276                      |
| Issued                   | : March 8, 2011                  |
| Inventor                 | : Lisa A. Hendrickson            |
|                          | : James H. Gardner, III          |
|                          | : Richard Adelman                |
| Title                    | : BELLY COVERING                 |
|                          | : GARMENT Date: June 15, 2011    |

### **REISSUE APPLICATION TRANSMITTAL LETTER**

### Mail Stop REISSUE

Commissioner for Patents P.O. Box 1450 Washington, D.C. 20231-1450

Sir:

The Applicants submit herewith the following documents in connection with the reissue application of Lisa A. Hendrickson, James H. Gardner, III and Richard Adelman entitled BELLY COVERING GARMENT:

- 1) a Preliminary Amendment;
- an Information Disclosure Statement with Form PTO-1449 and a copy of each of the eight (8) non-US publications;
- 3) an executed Oath and Consent by Assignee to the Filing of the Reissue

Application; and

6) a copy of the issued patent.

It is respectfully requested that a reissue patent be granted to Destination Maternity Corporation, which is the assignee.

The Commissioner is authorized to charge the reissue filing fee of \$1572.00 to deposit account 50-2719. The Commissioner is also authorized to charge any insufficiency or credit any overpayment to the same account.

An early and favorable action on the merits of the case is respectfully requested.

Respectfully submitted,

Richard L. Cruz

Reg. No. 52,783 Attorney for Applicants

Rl.C/nn (215) 656-2446

EAST-44952106.1



US007900276B2

### (12) United States Patent

### Hendrickson et al.

### (54) BELLY COVERING GARMENT

- (75) Inventors: Lisa A. Hendrickson, Mount Laurel, NJ (US); James H. Gardner, III, Ambler, PA (US); Richard Adelman, Greensboro, NC (US)
- (73) Assignee: **Destination Maternity Corporation**, Wilmington, DE (US)
- (\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 87 days.

This patent is subject to a terminal disclaimer.

- (21) Appl. No.: 12/117,004
- (22) Filed: May 8, 2008

### (65) **Prior Publication Data**

US 2008/0295217 A1 Dec. 4, 2008

### **Related U.S. Application Data**

- (63) Continuation of application No. 11/756,242, filed on May 31, 2007, now Pat. No. 7,814,575.
- (51) Int. Cl.

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|   | A41F 9/00 | (2006.01) |
|   | A41D 1/06 | (2006.01) |
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- (52) **U.S. Cl.** ...... 2/237; 2/236; 2/227

# (10) Patent No.: US 7,900,276 B2 (45) Date of Patent: \*Mar. 8, 2011

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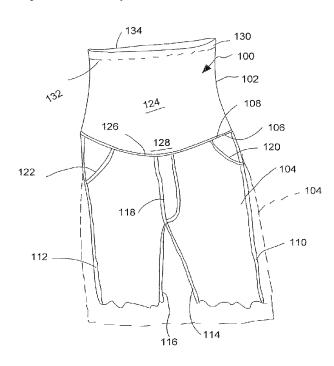
\* cited by examiner

Primary Examiner — Gloria Hale (74) Attorney, Agent, or Firm — DLA Piper LLP (US)

### (57) ABSTRACT

The present invention relates to a garment worn during different stages of pregnancy and different stages of postpartum body changes. A garment upper portion has a belly panel that is expansible to cover and fit over a growing abdomen during different stages of pregnancy, and a garment lower portion having a first torso encircling circumference that recedes downward to make way for expansion of the belly panel. The garment upper portion has a second torso encircling circumference to hold the garment up and in place over the torso.

### 16 Claims, 8 Drawing Sheets



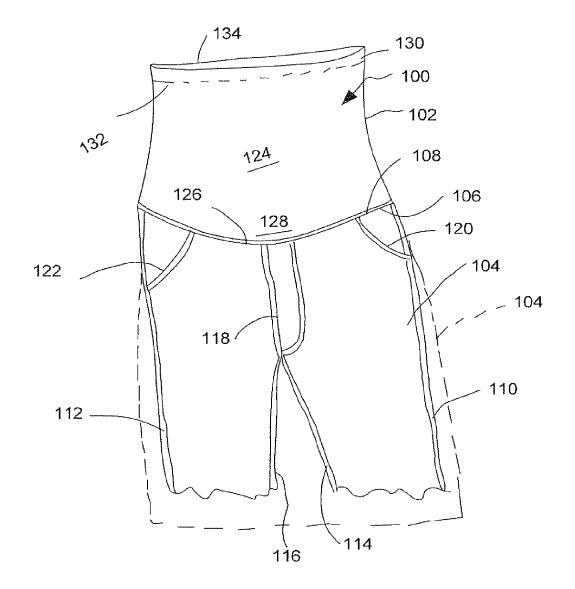
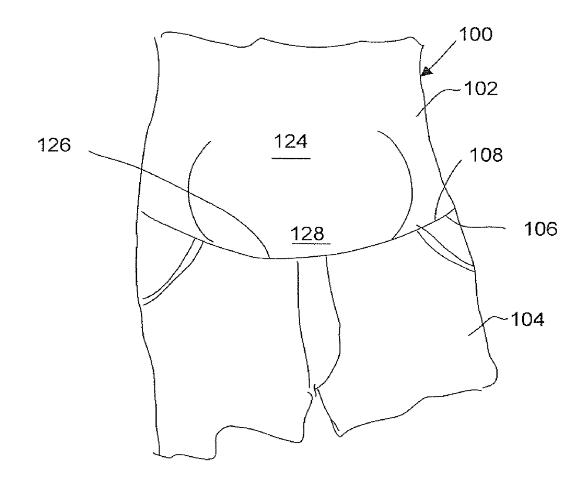


FIG. 1



## FIG. 1A

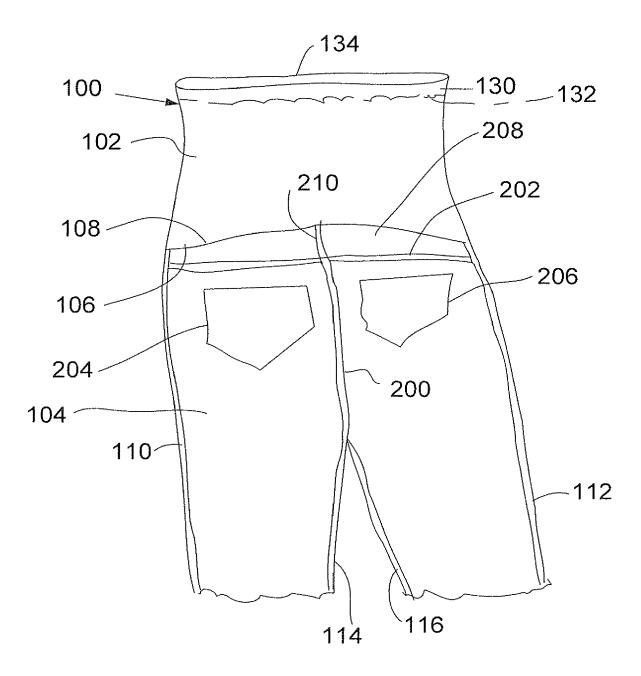


FIG. 2

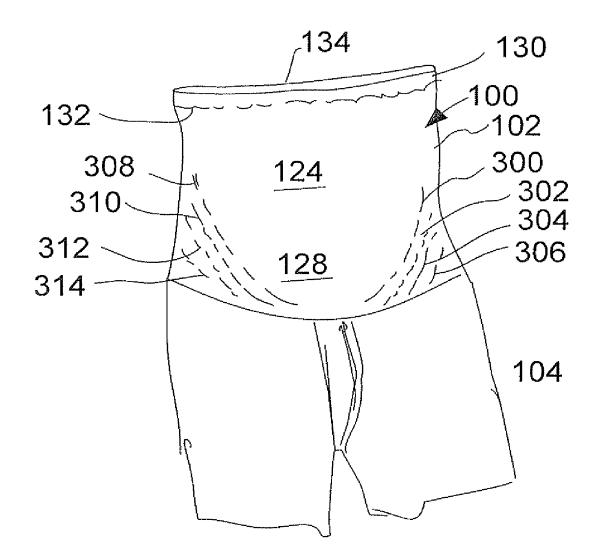
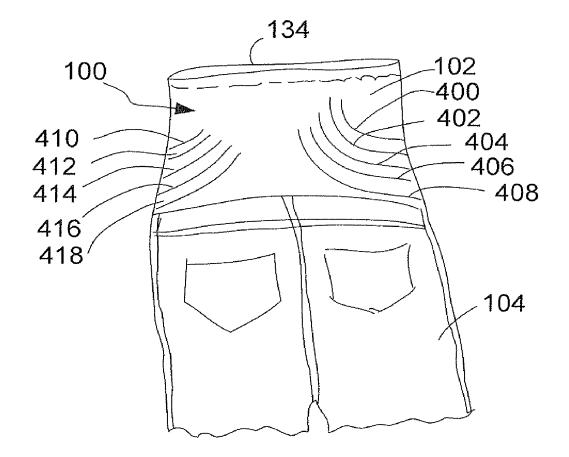
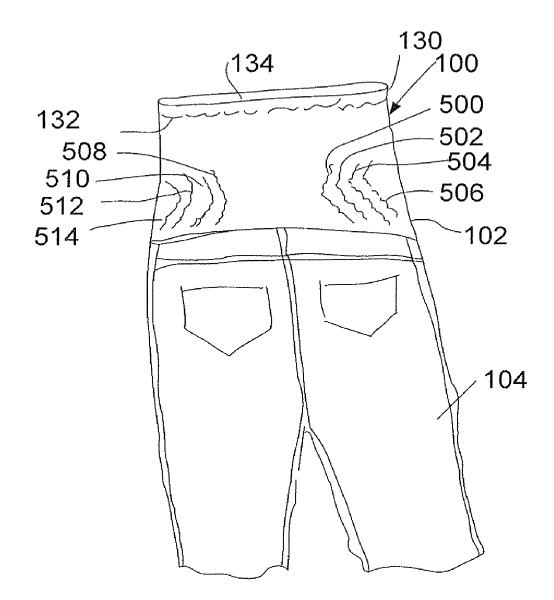


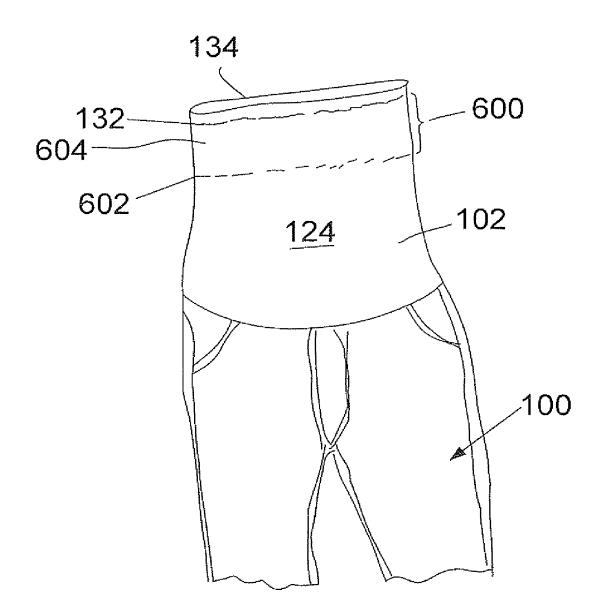
FIG. 3



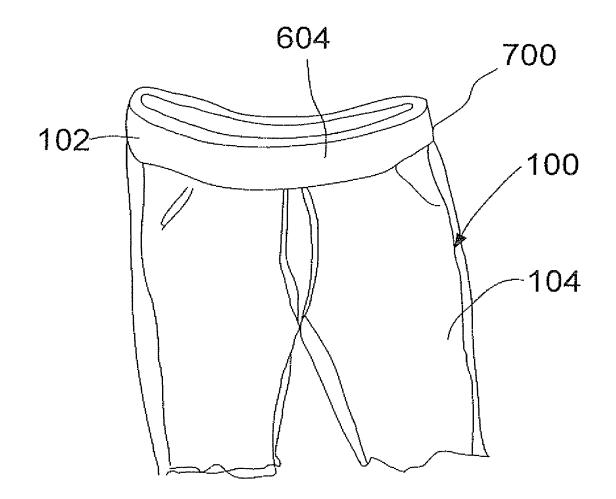
## FIG. 4











# FIG. 7

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### 1 **BELLY COVERING GARMENT**

### CROSS REFERENCE TO RELATED APPLICATION

The present application is a continuation of U.S. patent application Ser. No. 11/756,242, filed May 31, 2007 now U.S. Pat. No. 7,814,575.

### FIELD OF THE INVENTION

The present invention relates to a garment worn during different stages of pregnancy and different stages of postpartum body changes.

### BACKGROUND OF THE INVENTION

Garments intended to cover a wearer's body below the abdomen or belly during various stages of pregnancy have 20 been manufactured as knits or woven fabrics. Some of the knits or woven fabric garments are constructed with an elastic belt or waist band which caused discomfort when tightened about the body. Some of the garments have stretchable fabric panels sewn into place with sewn seams. Such garments cause 25 of a garment. discomfort due to the presence of the sewn seams, urged by elastic stretching of the panels pressing against the torso. Moreover, women have complained that such garments are difficult to keep in place, as they gradually slip downward while they are being worn.

Denim jeans or trousers have been recycled by removing the waistband at the front of the jeans and replacing the same with an elastic band that cradles a growing abdomen. Alternatively, denim jeans or trousers are manufactured without a 35 waistband at the front so that a separate band can be attached at the front.

Accordingly, a need exists for a garment that covers and fits a growing abdomen during different stages of pregnancy. Such a garment is required to stay up, and desirably would fit  $_{40}$ comfortably while being worn. Moreover, such a garment would stay up when worn over different body types.

### SUMMARY OF THE INVENTION

A purpose of the invention is to provide a garment that adapts to cover and fit a growing abdomen during pregnancy, wherein the garment stays up when worn.

A garment comprises a garment upper portion and a garment lower portion. The garment upper portion has a belly 50 panel that is expansible to cover and fit over a growing abdomen during different stages of pregnancy. The garment lower portion has a first torso encircling circumference that recedes downward to make way for expansion of the belly panel. The garment upper portion has a second torso encircling circum- 55 ference to hold the garment up and in place over the torso.

An embodiment of the garment is adjustable to encircle different body types. Another embodiment of the invention provides a garment that fits comfortably while being worn.

An embodiment of the garment comprises an adjustable 60 torso encircling circumference that is adjustable in girth to encircle different body types.

An embodiment of the upper portion of the garment comprises a seamless tubular elastic fabric to stretch elastically and fit different body types.

An embodiment of the abdomen covering area comprises an elastic fabric.

An embodiment of the abdomen covering area comprises an elastic fabric that is contractible elastically to cover an abdomen during different stages of postpartum body changes. According to an embodiment of the invention, an expan-

sible tubular upper portion of the garment is seamless to fit comfortably while being worn.

#### BRIEF DESCRIPTION OF THE DRAWINGS

10 FIG. 1 is a front view of a garment according to the present invention.

FIG. 1A is a view similar to FIG. 1, and discloses a body panel covering a growing abdomen.

FIG. 2 is a view of a backside portion of the garment 15 disclosed by FIG. 1.

FIG. 3 is view of a front portion of another embodiment of a garment.

FIG. 4 is view of a backside portion of another embodiment of a garment.

FIG. 5 is a view of a backside portion of yet another embodiment of a garment.

FIG. 6 is front view of a portion of another embodiment of a garment.

FIG. 7 is front view of a portion of yet another embodiment

#### DETAILED DESCRIPTION OF THE INVENTION

FIG. 1 discloses a garment 100 for encircling a lower torso portion of a wearer of the garment 100. The garment 100 comprises a garment upper portion 102 and a garment lower portion 104. A lower end perimeter 106 of the garment upper portion 102 is attached to a corresponding upper end perimeter 108 of the garment lower portion 104. The garment lower portion 104 comprises, for example, a pair of trousers, such as, denim jeans. Alternatively, the garment lower portion 104 comprises a skirt depicted in FIG. 1 in phantom outline.

With reference to FIGS. 1 and 2, each leg of the pair of trousers is constructed with sewn seams. Outer side seams 110, 112 extend continuously from top to bottom of the trousers, or garment lower portion 104. Further, each leg is constructed with inner side seams 114, 116 joining a front center seam 118 of the trousers and a back side, curved center seam 200, FIG. 2, of the trousers. For example, the front center seam 106 defines a sewn "zipper less" fly front. The back side of the trousers, FIG. 2, is sewn with a back side perimeter seam 202 extending horizontally across the back side of the trousers from the outer side seams 110, 112 to the back side center seam 200. If pockets are desired, the legs of the trousers are constructed, for example, with a front pockets 120, 122 and back pockets 204, 206.

FIG. 2 discloses an embodiment of the trousers, or garment lower portion 104, having a partial waistband 208 joining and extending from the side seams 110, 112 of the trousers and extending across a back side of the trousers or garment lower portion 104. The waistband 208 is sewn onto the perimeter seam 202 on the back side. The waistband 208 tapers toward the side seams 110, 112 and widens across the back side, and has a center seam 210 to shape the waistband 208 with a curvature above a wearer's pelvis, and for torso coverage especially when sitting or bending.

In FIG. 1, the garment upper portion 102 has a belly panel 124 to provide an abdomen covering area. The belly panel 124 is expansible, for example, when made of a stretchable fabric, to cover and fit over a growing abdomen during different stages of pregnancy, FIG. 1A. The belly panel 124 has a bottom portion 128 that projects downward with a parabolic

shape, especially when covering a growing abdomen, FIG. 1A. The perimeter 108 of the garment lower portion 104 provides a first torso encircling circumference 126 that recedes downward with a parabolic shape adjacent to and below the bottom portion 128 of the belly panel 124 to make way for expansion of the belly panel 124 when covering a growing abdomen during various stages of pregnancy. The parabolic shape includes a shallow curvature, or, alternatively includes a more pronounced curvature. The belly panel 124 extends at least partially under the abdomen of the garment wearer to meet and join the bottom portion 128 of the belly panel 124 with the parabolic receding circumference 126 of the garment lower portion 104.

According to an embodiment of the invention, at least the 15belly panel 124 comprises a stretchable fabric that is woven or knitted with elastic, stretchable strands. The stretchable fabric is expansible by stretching elastically to cover and fit over the growing abdomen, FIG. 1A. Further, the stretchable fabric is contractible elastically to cover a shrinking abdomen 20 during different stages of postpartum body changes. The belly panel 124 also has foreseeable alternative functions, for example, to cover an abdomen during different stages of torso weight gains and losses, or to fit over respective torsos of different body types.

In FIGS. 1 and 2, the garment upper portion has a top tubular perimeter hem 130 made by folding over a top edge margin of the stretchable fabric, and either tubular knitting or sewing the folded fabric to the inside surface of the fabric, and to create a top perimeter knitted hem stitch 132 as disclosed in 30 FIG. 1. The perimeter of the garment upper portion 102 has a torso encircling circumference 134 to hold the garment 100 up and in place over the torso. Advantageously, the entire garment 100 is held up and in place. An embodiment of the garment upper portion 102 comprises stretchable fabric to 35 adjust the girth of the second torso encircling circumference 134 in conformance with different body types. According to an embodiment of the invention, the torso encircling circumference 134 extends along the upper end of the belly panel 124. In FIG. 1A, the belly panel 124 extends at least some- 40 what above the maximum girth of the abdomen, even during a later stage of pregnancy, such that the belly panel 124 positions the torso encircling circumference 134 at least somewhat above the location of maximum girth to resist slipping down over the abdomen. 45

An embodiment of the garment upper portion 102 comprises a tubular structure to encircle a torso of a wearer of the garment 100. The tubular structure comprises a stretchable fabric woven or knitted with elastic, stretchable strands. The belly panel 124 comprises a portion of the stretchable fabric. 50 The tubular structure is adaptable to cover and fit different body types by being elastically expansible and contractible. Different body types have different muscle mass distributions and spinal columns of different curvatures, which make the tubular structure conform to the different body types by 55 expanding and contracting in different locations and amounts when worn by the different body types. The tubular structure is elastically expansible to widen the tubular girth at selected locations and amounts where needed to fit a body type, and is elastically contractible to narrow the tubular girth at selected 60 locations and amounts where needed to fit the body type.

In FIGS. 1 and 2, the tubular structure is shaped and formed as a one-sheet hyperboloid cylinder to fit a body type having a tapered torso that tapers approximately from shoulder to waist. The perimeter profile of the one-sheet hyperboloid 65 cylinder has hyperbolic shaped sides. Alternatively, the tubular structure is shaped and formed as a straight-sided cylinder,

for example, as disclosed in FIG. 6. The perimeter profile of the straight sided cylinder has substantially straight sides.

Preferably, the stretchable fabric is woven or knitted to form a continuous, seamless tubular structure, such that the garment 100 is comfortable to wear due to the absence of seams that would tend to press against the torso.

FIG. 3 discloses an alternative embodiment in which the garment upper portion 102 is provided with belly cradling support in the form of a series of sewn stitches or knitted tension at 300, 302, 304, 306, 308, 310, 312, and 314 in the belly panel 124. The knitted tension or stitches extend along multiple stitch paths grouped in an elliptical pattern that curves so as to cradle a curved growing abdomen, FIG. 1A, during various stages of pregnancy.

FIG. 4 discloses an alternative embodiment in which the backside of the garment upper portion 102 is provided with spinal column and back support for a wearer of the garment, in the form of a series of sewn supporting stitches or knitted tension at 400, 402, 404, 406, 408, 410, 412, 414, 416, 418 in the fabric, wherein the supporting knitted tension or stitches stiffen the fabric at the backside of the garment upper portion 102 to provide spinal and back support of the wearer of the garment 100. For example, the series of supporting stitches are arranged along multiple stitch paths grouped in a hyperbolic pattern or other curved pattern along an axis extending substantially vertically along a spinal supporting section of the fabric. FIG. 5 discloses an alternative pattern of supporting stitches 500, 502, 504, 506, 508, 510, 512, 514 in the fabric, wherein the supporting stitches are arranged along multiple stitch paths. For example, the stitch paths are shown as being grouped in a truncated, v-shaped pattern.

FIG. 6 discloses the garment upper portion 102 comprising a fabric woven or knitted to form a tubular structure, wherein the fabric of the tubular structure is doubled back on itself downward from the top circumference 134 thereof to form a double-layer tubular structure 600 that extends downward at least for a portion of the garment upper portion 102. The layers of the double-layer tubular structure 600 are sewn together with a tubular perimeter drop stitch 602. The layers are further sewn with a top, tubular perimeter hem stitch 132 as described in FIG. 1. In an alternative embodiment disclosed by FIG. 6, the fabric is doubled back over an inner tubular layer of stretchable fabric 604, shown in phantom outline by and between the stitches 132, 602, that is flatly layered and sewn in between the two tubular layers of the double layer fabric. The three tubular layers are sewn together with the top, tubular perimeter drop stitch 602 and the top, tubular perimeter hem stitch 132 as described in FIG. 1. The inner layer 604 of stretchable fabric provides the belly panel 124 with the capability for resilient expansion. In another embodiment, the double layer fabric comprises a stretch fabric woven or knitted with elastically stretchable and contractible yarns, providing the belly panel with the capability for resilient expansion.

FIG. 7 discloses that the garment 100 of FIG. 6 is convertible to comprise a bottom garment without a top, the garment upper portion 102 is foldable toward the garment lower portion 104 to provide a folded band 700 on the garment lower portion 104, which is to be worn solely as a garment bottom 104 having the folded band 700, and having no top. Each of the other embodiments of the garment 100 is similarly convertible by adding the stretchable fabric 604 to the upper garment portion 102 of the other embodiment of the garment 100, and folding the garment upper portion 102 toward the garment lower portion 104 to provide a folded band 700 on the garment lower portion 104 of the other embodiment of the garment 100.

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This description of the exemplary embodiments is intended to be read in connection with the accompanying drawings, which are to be considered part of the entire written description. In the description, relative terms such as "lower," "upper," "horizontal," "vertical," "above," "below," "up," 5 "down," "top" and "bottom" as well as derivatives thereof (e.g., "horizontally," "downwardly," "upwardly," etc.) should be construed to refer to the orientation as then described or as shown in the drawing under discussion. These relative terms are for convenience of description and do not require that the apparatus be constructed or operated in a particular orientation. Terms concerning attachments, coupling and the like, such as "connected" and "interconnected," refer to a relationship wherein structures are secured or attached to one another either directly or indirectly through intervening structures, as 15 well as both movable or rigid attachments or relationships, unless expressly described otherwise.

Although the invention has been described in terms of exemplary embodiments, it is not limited thereto. Rather, the appended claims should be construed broadly, to include 20 other variants and embodiments of the invention, which may be made by those skilled in the art without departing from the scope and range of equivalents of the invention.

What is claimed is:

**1**. A garment portion having an attached belly panel portion 25 comprising:

- an expansible belly panel adapted to substantially cover a wearer's entire belly region, said belly region comprising an area beginning just beneath the wearer's breast area and extending over the wearer's abdomen to a lower 30 abdomen region beneath the wearer's belly, said belly panel comprising:
  - an upper edge portion defining a first encircling circumference about a wearer's torso that is at or above the wearer's upper abdomen region, and
  - a lower edge portion spaced from the upper edge portion and defining a second encircling circumference about the wearer's lower abdomen region;

and

a garment lower portion, in communication with the lower 40 edge portion, having a torso encircling circumference that recedes downward to make way for expansion of the belly panel.

2. The garment portion of claim 1, further comprising a pair of trousers attached to said lower edge portion.

3. The garment portion of claim 2, wherein said trousers comprise denim jeans.

4. The garment portion of claim 3, wherein said denim jeans comprise one or more pockets and a sewn zipperless fly front.

**5**. The garment portion of claim **1**, further comprising a skirt attached to said lower edge portion.

6. The garment portion of claim 1, wherein said belly panel is adapted to cover the wearer's belly region during different stages of weight gains and losses.

7. The garment portion of claim 1, wherein said belly panel is adapted to substantially cover and fit over different body types.

**8**. The garment portion of claim **1**, wherein the belly panel is elastically expansible and contractible.

**9**. The garment portion of claim **1**, wherein the belly panel is seamless to fit comfortably while being worn.

**10**. The garment portion of claim **1**, wherein the belly panel is foldable to comprise a folded band.

11. The garment portion of claim 1, wherein the belly panel is woven or knitted with elastic, stretchable strands.

12. The garment portion of claim 1, wherein a top edge margin of the belly panel is folded over and sewn or knitted to an inside of the belly panel fabric.

**13**. The garment portion of claim **1**, wherein the belly panel comprises a double layer tubular structure.

14. The garment portion of claim 1, wherein the belly panel further comprises a partial waistband extending across a back side of the lower edge portion and extending down into side seams of an article of clothing connected thereto.

**15**. The garment portion of claim **1**, wherein the belly panel further comprises one or more belly-cradling stitches or knitted tension to cradle the wearer's abdomen region.

**16**. The garment portion of claim **1**, wherein the lower edge portion is configured to extend downward with a parabolic shape to accommodate the wearer's expanding belly region.

\* \* \* \* \*

| Art Unit<br>Examiner                                                         | Customer No. 035811                                                                             |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Serial No.<br>Filed<br><i>Reissue of Patent</i><br><i>Issued</i><br>Inventor | Docket No.: DMC-10-1220CON1-RE<br>Herewith<br>7,900,276<br>March 8, 2011<br>Lisa A. Hendrickson |
| Title                                                                        | : James H. Gardner, III<br>: Richard Adelman<br>: BELLY COVERING<br>: GARMENT                   |

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

# REISSUE APPLICATION OATH AND CONSENT BY THE ASSIGNEE

I, Ronald J. Masciantonio, a citizen of the United States, am the Senior Vice President and General Counsel of Destination Maternity Corporation ("DMC"), and as such, am authorized to act on behalf of DMC.

To the best of my knowledge and understanding, DMC is the sole assignee of the entire right, title, and interest in and to U.S. Patent No. 7,900,276 (the '276 Patent), issued on March 8, 2011.

Documentary evidence of a chain of title of the '276 Patent from the original owners to DMC is recorded in the assignment records of the US Patent and Trademark Office at Reel 019670, Frame 0495 which shows an assignment from the inventors to Mothers Work, Inc., and at Reel 023390, Frame 0079 which shows an assignment from Mothers Work, Inc. to Destination Maternity Corporation.

To the best of my knowledge and understanding, the inventors listed below to be the original and first inventors of the subject matter which is described and claimed in the '276 Patent, for which a reissue patent is sought, on the invention entitled BELLY COVERING GARMENT, the specification of which is attached hereto together with a Preliminary Amendment that includes newly added claims;

 Lisa A. Hendrickson, a citizen of the United States, residing at 791 Cornwallis Drive, Mount Laurel, New Jersey 08054;

2. James H. Gardner, III, a citizen of the United States, residing at 1329 Squire Drive, Ambler, Pennsylvania 19002; and 3. Richard Adelman, a citizen of the United States, residing at 5 Sonfish Point, Greensboro, North Carolina 27455.

I have reviewed and understand the contents of the above-identified specification, including the claims as amended by the newly added claims referred to above.

By this declaration, DMC, assignee of the '276 Patent, hereby consents to the filing of the present application for the reissue of U.S. Patent No. 7,900,276.

To the best of my knowledge and understanding, the original '276 Patent to be wholly or partly inoperative by the reason of the patentee claiming less than it had the right to claim. For instance, the issued claims of the '276 Patent fail to explicitly recite including cradling stitches or knitted tension in a belly panel for cradling a curved abdomen. All errors being corrected in the reissue application up to the time of this declaration arose without deceptive intent.

I hereby claim the benefit under Title 35, United States Code, §120 of Application Serial No. 11/756,242, filed May 31, 2007, now U.S. Patent No. 7,814,575, which was pending at the time of the filing of the application resulting in the '267 Patent, for which a reissue patent is now sought.

Direct all communications about the application to the address associated with Customer No. 035811. Direct all telephone calls regarding the application to Richard L. Cruz at 215-656-2446.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 USC §1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

6[15]]]

Ronald J. Masciantonio, Senior Vice President & General Counsel Destination Maternity Corporation 456 North 5th Street Philadelphia, PA 19123

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Art Unit                  | Customer No. 035811                              |
|---------------------------|--------------------------------------------------|
| Examiner<br>Seriai No.    | :<br>Docket No.: DMC-10-1220CON1-RE              |
| Filed                     | : Herewith                                       |
| Reissue of Patent         | : 7,900,276                                      |
| <i>Issued</i><br>Inventor | : March 8, 2011                                  |
| mventor                   | : Lisa A. Hendrickson<br>: James H. Gardner, III |
| Title                     | : Richard Adelman<br>: BELLY COVERING            |
|                           | : GARMENT Date: June 15, 2011                    |

### INFORMATION DISCLOSURE STATEMENT SUBMITTED WITH REISSUE APPLICATION

Mail Stop REISSUE Commissioner for Patents P.O. Box 1450 Washington, D.C. 20231-1450

Sir:

The Applicants submit herewith Form PTO-1449 together with a copy of each of the eight (8) listed non-US publications. The documents are submitted under 37 CFR §1.56 and are believed related to this application.

The Applicants respectfully request that this Information Disclosure Statement be officially entered into the file and that appropriate notification be made that it was considered by the Examiner.

Respectfully submitted,

Richard L. Cruz

Reg. No. 52,783 Attorney for Applicants

RLC/nn (215) 656-2446

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#### In the Claims:

Please amend the claims of the '276 Patent as indicated below:

1. (Original) A garment portion having an attached belly panel portion comprising: an expansible belly panel adapted to substantially cover a wearer's entire belly region, said belly region comprising an area beginning just beneath the wearer's breast area and extending over the wearer's abdomen to a lower abdomen region beneath the wearer's belly, said belly panel comprising: an upper edge portion defining a first encircling circumference about a wearer's torso that is at or above the wearer's upper abdomen region, and a lower edge portion spaced from the upper edge portion and defining a second encircling circumference about the wearer's lower abdomen region; and a garment lower portion, in communication with the lower edge portion, having a torso encircling circumference that recedes downward to make way for expansion of the belly panel.

2. (Original) The garment portion of claim 1, further comprising a pair of trousers attached to said lower edge portion.

3. (Original) The garment portion of claim 2, wherein said trousers comprise denim jeans.

4. (Original) The garment portion of claim 3, wherein said denim jeans comprise one or more pockets and a sewn zipperless fly front.

5. (Original) The garment portion of claim 1, further comprising a skirt attached to said lower edge portion.

6. (Original) The garment portion of claim 1, wherein said belly panel is adapted to cover the wearer's belly region during different stages of weight gains and losses.

7. (Original) The garment portion of claim 1, wherein said belly panel is adapted to substantially cover and fit over different body types.

8. (Original) The garment portion of claim 1, wherein the belly panel is elastically expansible and contractible.

9. (Original) The garment portion of claim 1, wherein the belly panel is seamless to fit comfortably while being worn.

10. (Original) The garment portion of claim 1, wherein the belly panel is foldable to comprise a folded band.

11. (Original) The garment portion of claim 1, wherein the belly panel is woven or knitted with elastic, stretchable strands.

12. (Original) The garment portion of claim 1, wherein a top edge margin of the belly panel is folded over and sewn or knitted to an inside of the belly panel fabric.

13. (Original) The garment portion of claim 1, wherein the belly panel comprises a double layer tubular structure.

14. (Original) The garment portion of claim 1, wherein the belly panel further comprises a partial waistband extending across a back side of the lower edge portion and extending down into side seams of an article of clothing connected thereto.

15. (Original) The garment portion of claim 1, wherein the belly panel further comprises one or more belly-cradling stitches or knitted tension to cradle the wearer's abdomen region.

16. (Original) The garment portion of claim 1, wherein the lower edge portion is configured to extend downward with a parabolic shape to accommodate the wearer's expanding belly region.

17. (New) <u>The garment portion of claim 15, wherein the stitches or knitted</u> tension extend along multiple paths arranged in an elliptical pattern that curves, so as to cradle a curved abdomen.

18. (New) <u>The garment portion of claim 1, wherein the belly panel further</u> comprises a series of stitches or knitted tension in a backside of the belly panel to provide spinal and back support against the wearer.

19. (New) <u>The garment portion of claim 18, wherein the series of stitches or</u> <u>knitted tension extends along a pattern of multiple stitch paths</u>.

20. (New) The garment portion of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as a hyperboloid cylinder to fit a body type having a tapered torso.

21. (New) <u>The garment portion of claim 1, wherein the belly panel defines a</u> <u>tubular structure that is shaped and formed as a straight-sided cylinder to fit a body type</u> <u>having a correspondingly shaped torso</u>.

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|           |                                                                                         |                                            |                                      |                                                                                            |                                      |                       |                             |                       | Application or Docket Number 13/161,169 |                    |                       |  |
|-----------|-----------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|-----------------------------|-----------------------|-----------------------------------------|--------------------|-----------------------|--|
|           | APP                                                                                     |                                            |                                      |                                                                                            | umn 2)                               |                       | SMALL                       | ENTITY                | OTHER THAN<br>OR SMALL ENTITY           |                    |                       |  |
|           | FOR NUMBER FILED NUMBER F                                                               |                                            | R EXTRA                              |                                                                                            | RATE(\$)                             | FEE(\$)               |                             | RATE(\$)              | FEE(\$)                                 |                    |                       |  |
|           | IC FEE<br>FR 1.16(a), (b), or (c))                                                      | N                                          | /A                                   | М                                                                                          | I/A                                  |                       | N/A                         |                       |                                         | N/A                | 330                   |  |
|           | RCH FEE<br>FR 1.16(k), (i), or (m))                                                     | N                                          | /A                                   | N                                                                                          | J/A                                  |                       | N/A                         |                       | ]                                       | N/A                | 540                   |  |
|           | MINATION FEE<br>FR 1.16(o), (p), or (q))                                                | N                                          | /A                                   | N                                                                                          | I/A                                  |                       | N/A                         |                       | 1                                       | N/A                | 650                   |  |
| TOT       | AL CLAIMS<br>FR 1.16(i))                                                                | 21                                         | minus :                              | 20= *                                                                                      | 1                                    |                       |                             |                       | OR                                      | × 52 =             | 52                    |  |
|           | EPENDENT CLAI<br>FR 1.16(h))                                                            | MS 1                                       | minus                                | 3 = *                                                                                      |                                      |                       |                             |                       | 1                                       | × 220 =            | 0.00                  |  |
| FEE       | PLICATION SIZ<br>E<br>CFR 1.16(s))                                                      | E sheets of p<br>\$270 (\$135<br>50 sheets | aper, the<br>5 for sma<br>or fractio | and drawings e<br>e application si<br>all entity) for ea<br>n thereof. See<br>CFR 1.16(s). | ze fee due is<br>ch additional       |                       |                             |                       |                                         |                    | 0.00                  |  |
| MUL       | TIPLE DEPEND                                                                            | ENT CLAIM PRE                              | SENT (37                             | ′ CFR 1.16(j))                                                                             |                                      |                       |                             |                       | ]                                       |                    | 0.00                  |  |
| * lf t    | he difference in co                                                                     | olumn 1 is less th                         | an zero,                             | enter "0" in colur                                                                         | nn 2.                                |                       | TOTAL                       |                       | 1                                       | TOTAL              | 1572                  |  |
|           | APPLIC                                                                                  | CATION AS A                                | MEND                                 | ED - PART I                                                                                | (Column 3)                           |                       | SMALL                       | ENTITY                | OR                                      | OTHER THAN         |                       |  |
|           |                                                                                         | CLAIMS                                     |                                      | HIGHEST                                                                                    |                                      |                       | ONI/ (EE                    |                       | ]                                       |                    |                       |  |
| NT A      |                                                                                         | REMAINING<br>AFTER<br>AMENDMENT            |                                      | NUMBER<br>PREVIOUSLY<br>PAID FOR                                                           | PRESENT<br>EXTRA                     |                       | RATE(\$)                    | ADDITIONAL<br>FEE(\$) |                                         | RATE(\$)           | ADDITIONAL<br>FEE(\$) |  |
| ME        | Total<br>(37 CFR 1.16(i))                                                               | *                                          | Minus                                | **                                                                                         | =                                    | ×                     | =                           |                       | OR                                      | x =                |                       |  |
| AMENDMENT | Independent<br>(37 CFR 1.16(h))                                                         | *                                          | Minus                                | ***                                                                                        | =                                    | x                     | =                           |                       | OR                                      | x =                |                       |  |
| AM        | Application Size Fe                                                                     | e (37 CFR 1.16(s))                         |                                      |                                                                                            |                                      |                       |                             |                       |                                         |                    |                       |  |
|           | FIRST PRESENT                                                                           | TION OF MULTIPL                            | E DEPEN                              | DENT CLAIM (37 C                                                                           | FR 1.16(j))                          |                       |                             |                       | OR                                      |                    |                       |  |
|           |                                                                                         |                                            |                                      |                                                                                            |                                      | A                     | TOT <b>A</b> L<br>.DD'L FEE |                       | OR                                      | TOTAL<br>ADD'L FEE |                       |  |
|           |                                                                                         | (Column 1)                                 |                                      | (Column 2)                                                                                 | (Column 3)                           | . —                   |                             |                       |                                         |                    |                       |  |
| NT B      |                                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                | PRESENT<br>EXTRA                     |                       | RATE(\$)                    | ADDITIONAL<br>FEE(\$) |                                         | RATE(\$)           | ADDITIONAL<br>FEE(\$) |  |
| ME        | Total<br>(37 CFR 1.16(i))                                                               | ×                                          | Minus                                | **                                                                                         | =                                    | ×                     | =                           |                       | OR                                      | x =                |                       |  |
| AMENDMENT | Independent<br>(37 CFR 1.16(h))                                                         | *                                          | Minus                                | ***                                                                                        | =                                    | ×                     | =                           |                       | OR                                      | x =                |                       |  |
| AM        |                                                                                         | e (37 CFR 1.16(s))                         |                                      |                                                                                            | •                                    |                       |                             |                       | 1                                       |                    |                       |  |
|           | FIRST PRESENT                                                                           | TION OF MULTIPL                            | E DEPEN                              | DENT CLAIM (37 C                                                                           | FR 1.16(j))                          |                       |                             |                       | OR                                      |                    |                       |  |
|           |                                                                                         |                                            |                                      |                                                                                            |                                      |                       | TOT <b>A</b> L<br>.DD'L FEE |                       | OR                                      | TOTAL<br>ADD'L FEE |                       |  |
| *         | * If the entry in cc<br>* If the "Highest N<br>* If the "Highest Nu<br>The "Highest Num | lumber Previous                            | y Paid Fo<br>Paid For"               | or" IN THIS SPACE is                                                                       | CE is less thar<br>s less than 3, er | n 20, en<br>nter "3". |                             | in column 1.          |                                         |                    |                       |  |

|                       | Jnited State             | <u>s Patent</u> | and Tradema   |                    | OR PATENTS            |  |
|-----------------------|--------------------------|-----------------|---------------|--------------------|-----------------------|--|
| APPLICATION<br>NUMBER | FILING or<br>371(c) DATE | GRP ART<br>UNIT | FIL FEE REC'D | ATTY.DOCKET.NO     | TOT CLAIMS IND CLAIMS |  |
| 13/161,169            | 06/15/2011               | 3765            | 1572          | DMC-10-1220CON1-RE | 21 1                  |  |
|                       |                          |                 |               | CONF               | IRMATION NO. 4878     |  |
| 35811                 |                          |                 |               | FILING RECEIP      | РТ                    |  |
| IP GROUP OF           | DLA PIPER L              | LP (US)         |               |                    |                       |  |
|                       |                          |                 |               |                    |                       |  |
| 1650 MARKE1           | ST, SUITE 49             | 00              |               | *OC0000            | 000048322404*         |  |
| PHILADELPHI           | A, PA 19103              |                 |               |                    |                       |  |

Date Mailed: 06/21/2011

Receipt is acknowledged of this reissue patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please submit a written request for a Filing Receipt Correction. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections

Applicant(s)

Lisa A. Hendrickson, Mount Laurel, NJ; James H. Gardner III, Ambler, PA; Richard Adelman, Greensboro, NC;

## Assignment For Published Patent Application

Destination Maternity Corporation, Philadelphia, PA **Power of Attorney:** The patent practitioners associated with Customer Number <u>35811</u>

## Domestic Priority data as claimed by applicant

This application is a REI of 12/117,004 05/08/2008 PAT 7,900,276 which is a CON of 11/756,242 05/31/2007 PAT 7,814,575

**Foreign Applications** (You may be eligible to benefit from the **Patent Prosecution Highway** program at the USPTO. Please see <u>http://www.uspto.gov</u> for more information.)

## If Required, Foreign Filing License Granted: 06/20/2011

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 13/161,169** 

Projected Publication Date: None, application is not eligible for pre-grant publication

Non-Publication Request: No

Early Publication Request: No

Title

**Belly Covering Garment** 

### **Preliminary Class**

002

## **PROTECTING YOUR INVENTION OUTSIDE THE UNITED STATES**

Since the rights granted by a U.S. patent extend only throughout the territory of the United States and have no effect in a foreign country, an inventor who wishes patent protection in another country must apply for a patent in a specific country or in regional patent offices. Applicants may wish to consider the filing of an international application under the Patent Cooperation Treaty (PCT). An international (PCT) application generally has the same effect as a regular national patent application in each PCT-member country. The PCT process **simplifies** the filing of patent applications on the same invention in member countries, but **does not result** in a grant of "an international patent" and does not eliminate the need of applicants to file additional documents and fees in countries where patent protection is desired.

Almost every country has its own patent law, and a person desiring a patent in a particular country must make an application for patent in that country in accordance with its particular laws. Since the laws of many countries differ in various respects from the patent law of the United States, applicants are advised to seek guidance from specific foreign countries to ensure that patent rights are not lost prematurely.

Applicants also are advised that in the case of inventions made in the United States, the Director of the USPTO must issue a license before applicants can apply for a patent in a foreign country. The filing of a U.S. patent application serves as a request for a foreign filing license. The application's filing receipt contains further information and guidance as to the status of applicant's license for foreign filing.

Applicants may wish to consult the USPTO booklet, "General Information Concerning Patents" (specifically, the section entitled "Treaties and Foreign Patents") for more information on timeframes and deadlines for filing foreign patent applications. The guide is available either by contacting the USPTO Contact Center at 800-786-9199, or it can be viewed on the USPTO website at http://www.uspto.gov/web/offices/pac/doc/general/index.html.

For information on preventing theft of your intellectual property (patents, trademarks and copyrights), you may wish to consult the U.S. Government website, http://www.stopfakes.gov. Part of a Department of Commerce initiative, this website includes self-help "toolkits" giving innovators guidance on how to protect intellectual property in specific countries such as China, Korea and Mexico. For questions regarding patent enforcement issues, applicants may call the U.S. Government hotline at 1-866-999-HALT (1-866-999-4158).

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## Title 35, United States Code, Section 184

## Title 37, Code of Federal Regulations, 5.11 & 5.15

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set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Bureau of Industry and Security, Department of Commerce (15 CFR parts 730-774); the Office of Foreign AssetsControl, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

## NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

| Electronic A                         | Electronic Acknowledgement Receipt |  |  |  |  |
|--------------------------------------|------------------------------------|--|--|--|--|
| EFS ID:                              | 11627015                           |  |  |  |  |
| Application Number:                  | 13161169                           |  |  |  |  |
| International Application Number:    |                                    |  |  |  |  |
| Confirmation Number:                 | 4878                               |  |  |  |  |
| Title of Invention:                  | Belly Covering Garment             |  |  |  |  |
| First Named Inventor/Applicant Name: | Lisa A. Hendrickson                |  |  |  |  |
| Customer Number:                     | 35811                              |  |  |  |  |
| Filer:                               | Paul A. Taufer/Nancy Nunez         |  |  |  |  |
| Filer Authorized By:                 | Paul A. Taufer                     |  |  |  |  |
| Attorney Docket Number:              | DMC-10-1220CON1-RE                 |  |  |  |  |
| Receipt Date:                        | 15-DEC-2011                        |  |  |  |  |
| Filing Date:                         | 15-JUN-2011                        |  |  |  |  |
| Time Stamp:                          | 13:49:01                           |  |  |  |  |
| Application Type:                    | Utility under 35 USC 111(a)        |  |  |  |  |

# Payment information:

| Submitted with Payment no |                      |              |                                              |                     |                     |
|---------------------------|----------------------|--------------|----------------------------------------------|---------------------|---------------------|
| File Listing:             |                      |              |                                              |                     |                     |
| Document<br>Number        | Document Description | File Name    | File Size(Bytes)/<br>Message Digest          | Multi<br>Part /.zip | Pages<br>(if appl.) |
| 1                         |                      | SIDS1449.pdf | 565824                                       | yes                 | 2                   |
|                           |                      |              | e4f330a8f1f6564cf7ccc7dc0d9265e3b3d1f<br>8a2 |                     |                     |

| Document Description Transmittal Letter                                                                                        | Start<br>1                                                                                                                                                                                                                                                                                                                                                                  | <b>End</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmittal Letter                                                                                                             | 1                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Information Disclosure Statement (IDS) Form (SB08)                                                                             | 2                                                                                                                                                                                                                                                                                                                                                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Total Files Size (in bytes):                                                                                                   | 565                                                                                                                                                                                                                                                                                                                                                                         | 824                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| s being filed and the application includes the necessary com<br>506), a Filing Receipt (37 CFR 1.54) will be issued in due cou |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| nternational Application under 35 U.S.C. 371                                                                                   |                                                                                                                                                                                                                                                                                                                                                                             | e conditions of 35                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                | ent Receipt evidences receipt on the noted date by the USPT<br>applicant, and including page counts, where applicable. It s<br>ed in MPEP 503.<br><u>der 35 U.S.C. 111</u><br>s being filed and the application includes the necessary com<br>9 506), a Filing Receipt (37 CFR 1.54) will be issued in due cou<br>eceipt will establish the filing date of the application. | ent Receipt evidences receipt on the noted date by the USPTO of the indicated d<br>applicant, and including page counts, where applicable. It serves as evidence o<br>ed in MPEP 503.<br><u>der 35 U.S.C. 111</u><br>s being filed and the application includes the necessary components for a filing<br>9 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date sho<br>eceipt will establish the filing date of the application. |

an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

|                                         |            | ARTMENT OF COMMERCE                          |                      | ATTY. DOCKET N               |                | SERIAL NO.                              |                      |                                         |
|-----------------------------------------|------------|----------------------------------------------|----------------------|------------------------------|----------------|-----------------------------------------|----------------------|-----------------------------------------|
| PATENT AND T                            | RADEM      | ARK OFFICE                                   |                      | DMC-10-1220CON               | 1-RE           | 13/161,169                              |                      |                                         |
|                                         |            |                                              |                      | APPLICANT                    |                |                                         |                      |                                         |
|                                         |            |                                              |                      | Lisa A. Hendrickson, et al.  |                |                                         |                      |                                         |
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| EXAMINER<br>NITIAL*                     |            | DOCUMENT NUMBER                              | DATE                 | NAME                         | CLASS          | SUBCLASS                                | FILING I<br>IF APPRO | DATE<br>OPRIATE                         |
|                                         | AA         | 3,045,676                                    | 07/24/62             | Slaten                       | <u> </u>       | ļ                                       |                      |                                         |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | AB         | 4,280,229                                    | 07/28/81             | Stein                        | +              | ·····                                   |                      |                                         |
|                                         | AC         | 4,506,390                                    | 03/26/85             | Stern                        |                |                                         |                      |                                         |
|                                         | AD         | 5,946,730                                    | 09/07/99             | Blair                        |                |                                         |                      |                                         |
|                                         | AE         | 6,313,333                                    | 11/06/01             | Batra                        |                |                                         | ······               |                                         |
|                                         | AF         | 2004/0210987                                 |                      | Carney                       | h              |                                         |                      | ••••••                                  |
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|                                         | AH         | 7,814,575                                    | 10/19/10             | Hendrickson et al.           | 1              |                                         | 1                    |                                         |
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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Art Unit               | : 3765                                       | Customer No. 035811              |
|------------------------|----------------------------------------------|----------------------------------|
| Examiner<br>Serial No. | :<br>: 13/161,169                            | Docket No.: DMC-10-1220CON1-RE   |
| Filed                  | : June 15, 2011                              | pocketino. Divic-10-1220Cont-Mis |
| Inventors              | : Lisa A. Hendrickson                        |                                  |
|                        | : James H. Gardner, III<br>: Richard Adelman | Confirmation No.: 4878           |
| Title                  | : BELLY COVERING                             |                                  |
|                        | : GARMENT                                    | Date: December 15, 2011          |

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The Applicants enclose Form PTO-1449 which lists relevant US publications. The publications are submitted under 37 CFR §1.56 and are believed related to this application.

The Applicants respectfully request that this Supplemental Information Disclosure Statement

be officially entered into the file and that appropriate notification be made that it was considered by

the Examiner.

Respectfully submitted,

Paul A. Taufer Reg. No. 35,703 Richard L. Cruz Reg. No. 52,783 Attorneys for Applicants

PAT/RLC/nn (215) 656-3385

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|              | Application/Control No. | Applicant(s)/Patent Under<br>Reexamination |
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| Search Notes | 13161169                | HENDRICKSON ET AL.                         |
|              | Examiner                | Art Unit                                   |
|              | GLORIA HALE             | 3765                                       |

|       | SEARCHED                 |         |          |
|-------|--------------------------|---------|----------|
| Class | Subclass                 | Date    | Examiner |
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| SEARCH NOTES                             |         |          |  |  |  |
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| litigation search in file                |         |          |  |  |  |

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|   | /GLORIA HALE/<br>Primary Examiner.Art Unit 3765 |
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|                                | AS                        | "BOM Fall 2003" - Sketch and<br>00, Old Navy Women's Matern                           | measurements of<br>ity, Fall 2003.                  | Old Navy Bootc     | ut Jean w/Pa   | nel Non-Stretc        | h pant, Si        | tyle # 20096.    |
|                                | AT                        | "BOM Fall 2005" - Sketch and<br>Maternity Wovens, Fall 2005.                          | measurements of                                     | Gap Roll Panel 1   | Modern Chin    | o pant, Style #       | 313773,           | Gap              |
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|                                                                                                                 | ma l                              | "Garment Diagrams" - Sketches<br>256229, 281008, 205224Su05, F | and measuremen      | its of various Ga                        | ip and Old N  | avy garments,    | Style Nos | .: 324282,    |
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|                                                                                                                 | AS                                | "Poplin Pant" et al Maternity P<br>8/9/2002.                   | rint Str. Crisp C   | tn. Poplin pant,                         | Style # MBT   | 414A (Ultra C    | lean Ankl | e Overbelly), |
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|                                                                                                                 | AT                                | "Jean Pant" et al GAP Women'                                   | s Full Panel Boo    | stean Style                              | # 207095-4/   | 30/2003          |           |               |
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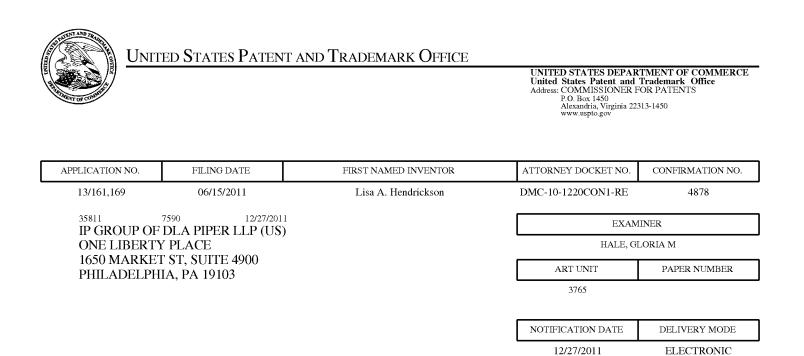
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| Form PTO-1449 US DEPARTMENT OF COMMERCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A CONTRACT THAT AND A DESCRIPTION | 22.2.2.2                  | ······                              |            |             |
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| LIST OF PUBLICATIONS CITED BY APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | herewith                          |                           | GROUP                               |            |             |
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| OTHER PUBLICATIONS (Including Aut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | har Title Dote Part               | inset Dagar - Ota         | <u> </u>                            | 1          |             |
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| back cover pages, and pages 4, 22, 30, and 32; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ad Selected page                  | s from the $\mathcal{I}($ | Penney Catal                        | og Matern  | úty 🛛       |
| Collection, dated Fall/Winter 2005, front and bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ck cover pages, a                 | nd pages 14,              | 15, and 28.                         |            |             |
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| AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                           |                                     |            |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                           |                                     |            |             |
| EXAMINER /Claric Hala/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE CONSIDE                      | oen                       | 12/04/20                            | 11         |             |
| EXAMINER /Gloria_Hale/<br>*EXAMINER: Initial if publication considered, whether or not citation is in conformance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | with MPEP AND DE                  | w line through            | Citation if not in a                | onformance | and not     |
| considered. Include copy of this form with next communication to Applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | an one anough             | a construction of a contra state of | ~~~~~      |             |

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|                 |          |           |                       |            |            | Application/Control No. |         |     | Applic<br>Reexa | Applicant(s)/Patent Under<br>Reexamination |     |       |      |        |
|-----------------|----------|-----------|-----------------------|------------|------------|-------------------------|---------|-----|-----------------|--------------------------------------------|-----|-------|------|--------|
| Index of Claims |          |           |                       |            |            | 13161169                |         |     | HEND            | HENDRICKSON ET AL.                         |     |       |      |        |
|                 |          |           |                       |            |            | Examiner                |         |     |                 | Art Ur                                     | nit |       |      |        |
|                 |          |           |                       |            | GLORIA HAI | LE                      |         |     | 3765            |                                            |     |       |      |        |
| ✓               | R        | ejected   |                       | -          | С          | ancelled                |         | Ν   | Non-E           | lected                                     |     | Α     | Арр  | peal   |
| =               | A        | llowed    |                       | ÷          | R          | estricted               |         | Ι   | Interfe         | erence                                     |     | 0     | Obje | cted   |
|                 | Claims r | enumbered | in the sa             | ame o      | rder as    | s presented by a        | applica | ant |                 | 🗌 СРА                                      |     | ] т.с | D. 🗆 | R.1.47 |
|                 | CLA      | IM        |                       |            |            |                         |         |     | DATE            |                                            |     |       |      |        |
| F               | inal     | Original  | 12/04/20              | 011        |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 1         | ✓                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 2         | ~                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 3         | ~                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 4         | ✓                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 5         | ✓                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 6         | ~                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 7         | ✓                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 8         | <ul> <li>✓</li> </ul> |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 9         | <ul> <li>✓</li> </ul> |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 10        | <ul> <li>✓</li> </ul> |            |            |                         |         |     |                 |                                            |     |       |      |        |
| <u> </u>        |          | 11        | ✓<br>✓                |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 12<br>13  | ✓ ✓                   |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 13        | ▼<br>▼                |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 14        | v<br>√                |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 15        | v<br>√                |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 17        | · ·                   |            |            |                         |         |     |                 |                                            |     |       |      |        |
| <u> </u>        |          | 17        | · ·                   |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 10        | · ·                   |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 20        | ~                     |            |            |                         |         |     |                 |                                            |     |       |      |        |
|                 |          | 21        | ✓                     | $\uparrow$ |            |                         |         |     |                 |                                            |     |       |      |        |

Part of Paper No. : 20111204



## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

pto.phil@dlapiper.com

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Application No.                                                                    | Applicant(s)            |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13/161,169                                                                         | HENDRICKSON ET AL.      |  |  |  |  |  |
| Office Action Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Examiner                                                                           | Art Unit                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GLORIA HALE                                                                        | 3765                    |  |  |  |  |  |
| The MAILING DATE of this communication app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ears on the cover sheet with the o                                                 | correspondence address  |  |  |  |  |  |
| Period for Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                         |  |  |  |  |  |
| <ul> <li>A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.</li> <li>Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.</li> <li>If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.</li> <li>Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).</li> </ul> |                                                                                    |                         |  |  |  |  |  |
| Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                         |  |  |  |  |  |
| <ul> <li>1) Responsive to communication(s) filed on</li> <li>2a) This action is FINAL. 2b) This action is non-final.</li> <li>3) An election was made by the applicant in response to a restriction requirement set forth during the interview on; the restriction requirement and election have been incorporated into this action.</li> <li>4) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under <i>Ex parte Quayle</i>, 1935 C.D. 11, 453 O.G. 213.</li> </ul>                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                         |  |  |  |  |  |
| Disposition of Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                         |  |  |  |  |  |
| <ul> <li>5) Claim(s) <u>1-21</u> is/are pending in the application.<br/>5a) Of the above claim(s) is/are withdraw</li> <li>6) Claim(s) is/are allowed.</li> <li>7) Claim(s) <u>1-21</u> is/are rejected.</li> <li>8) Claim(s) is/are objected to.</li> <li>9) Claim(s) are subject to restriction and/or</li> <li>Application Papers</li> <li>10) The specification is objected to by the Examine</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vn from consideration.<br>r election requirement.                                  |                         |  |  |  |  |  |
| 11) The drawing(s) filed on <u>15 June 2011</u> is/are: a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    | by the Examiner.        |  |  |  |  |  |
| Applicant may not request that any objection to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | drawing(s) be held in abeyance. Se                                                 | e 37 CFR 1.85(a).       |  |  |  |  |  |
| Replacement drawing sheet(s) including the correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | •                       |  |  |  |  |  |
| 12) The oath or declaration is objected to by the Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aminer. Note the attached Office                                                   | Action or form PTO-152. |  |  |  |  |  |
| Priority under 35 U.S.C. § 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                         |  |  |  |  |  |
| <ul> <li>13) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).</li> <li>a) All b) Some * c) None of:</li> <li>1. Certified copies of the priority documents have been received.</li> <li>2. Certified copies of the priority documents have been received in Application No</li> <li>3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).</li> <li>* See the attached detailed Office action for a list of the certified copies not received.</li> </ul>                                                                                                                                                                                                                                                                                                           |                                                                                    |                         |  |  |  |  |  |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |                         |  |  |  |  |  |
| <ol> <li>1)</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4) Interview Summary<br>Paper No(s)/Mail D<br>5) Notice of Informal F<br>6) Other: | ate                     |  |  |  |  |  |

## **DETAILED ACTION**

The reissue oath/declaration filed with this application is defective because it fails to identify at least one proper error which is relied upon to support the reissue application. See 37 CFR 1.175(a)(1) and MPEP § 1414.

The reissue oath/declaration filed with this application is defective because the error which is relied upon to support the reissue application is not an error upon which a reissue can be based. See 37 CFR 1.175(a)(1) and MPEP § 1414.

The reissue oath/declaration filed with this application is defective (see 37 CFR 1.175 and MPEP § 1414) because of the following:

Because it did not identify the specific claim which is defective. Applicant has only broadly listed unclaimed features. However, they did not state as to which claims were in error.

Claims 1-21 are rejected as being based upon a defective reissue declaration under 35 U.S.C. 251 as set forth above. See 37 CFR 1.175.

The nature of the defect(s) in the declaration is set forth in the discussion above in this Office action.

However, the claims, as bet understood, have been examined on their merits.

## Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 18 and 19 are rejected under 35 U.S.C. 112, second paragraph, as being

indefinite for failing to particularly point out and distinctly claim the subject matter which

applicant regards as the invention.

In cliam 18 the "series of stitches or knitted tension" are no t in the backside of

the "belly panel" but are in the "backside of the garment". The original specification and

claims them in the backside of the garment and not in the backside of the belly panel

as now claimed. It appears this could be a typographical error and not a content

error.

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 18 and 19 are rejected under 35 U.S.C. 112, first paragraph, as failing to

comply with the written description requirement. The claim(s) contains subject matter

which was not described in the specification in such a way as to reasonably convey to

one skilled in the relevant art that the inventor(s), at the time the application was filed,

had possession of the claimed invention.

For the same reasons as outlined above because the presently claimed subject matter was not in the original specification and claims. The stitches or tension are in the backside of the garment not the belly panel as now claimed.

### **Double Patenting**

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

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Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

Claims 1-21 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-29 of copending Application No. 13/161138. Although the conflicting claims are not identical, they are not patentably distinct from each other because they claim the same pant garment with the belly panel structure as claimed in claims 1-29.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

Applicant is notified that any subsequent amendment to the specification and/or claims must comply with 37 CFR 1.173(b). In addition, when any substantive amendment is filed in the reissue application, which amendment otherwise places the reissue application in condition for allowance, a supplemental oath/declaration will be required. See MPEP § 1414.01.

Claims1-21 would be allowable if rewritten or amended to overcome the rejection(s) under 35 U.S.C. 112, 2nd paragraph, set forth in this Office action in addition to the filing of the corrected and proper declaration/oath and Terminal Disclaimer as outlined above.

None of the cited references, alone or in combination, disclose the garment with the belly panel that has an upper edge portion located as claimed in cliam 1.

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to GLORIA HALE whose telephone number is (571)272-4984. The examiner can normally be reached on Mon.-Thurs..

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, KHOA HUYNH can be reached on 571-272-4888. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

> /Gloria Hale/ Primary Examiner, Art Unit 3765

Page 6

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| Notice of References Cited | Application/Control No. 13/161,169 | Applicant(s)/P<br>Reexaminatio<br>HENDRICKS0 | n           |  |  |
|----------------------------|------------------------------------|----------------------------------------------|-------------|--|--|
| Notice of References Cited | Examiner                           | Art Unit                                     |             |  |  |
|                            | GLORIA HALE                        | 3765                                         | Page 1 of 1 |  |  |
|                            |                                    |                                              |             |  |  |

#### **U.S. PATENT DOCUMENTS**

| * |   | Document Number<br>Country Code-Number-Kind Code | Date<br>MM-YYYY | Name               | Classification |
|---|---|--------------------------------------------------|-----------------|--------------------|----------------|
| * | А | US-3,045,678                                     | 07-1962         | GEIMER CORNELIUS J | 450/130        |
| * | В | US-4,280,229                                     | 07-1981         | Stein, Paul        | 2/221          |
| * | С | US-4,506,390                                     | 03-1985         | Stern, Marilyn M.  | 2/221          |
| * | D | US-5,946,730                                     | 09-1999         | Blair, Vivia M.    | 2/227          |
| * | Е | US-6,311,333                                     | 11-2001         | Batra, Sachin      | 2/237          |
| * | F | US-2004/0210987                                  | 10-2004         | Carney, Ingrid     | 002/236        |
| * | G | US-2006/0010571                                  | 01-2006         | Oakley, Joh        | 002/227        |
|   | н | US-                                              |                 |                    |                |
|   | Ι | US-                                              |                 |                    |                |
|   | J | US-                                              |                 |                    |                |
|   | K | US-                                              |                 |                    |                |
|   | L | US-                                              |                 |                    |                |
|   | М | US-                                              |                 |                    |                |

## FOREIGN PATENT DOCUMENTS

| * |   | Document Number<br>Country Code-Number-Kind Code | Date<br>MM-YYYY | Country | Name | Classification |
|---|---|--------------------------------------------------|-----------------|---------|------|----------------|
|   | Ν |                                                  |                 |         |      |                |
|   | 0 |                                                  |                 |         |      |                |
|   | Р |                                                  |                 |         |      |                |
|   | q |                                                  |                 |         |      |                |
|   | R |                                                  |                 |         |      |                |
|   | s |                                                  |                 |         |      |                |
|   | Т |                                                  |                 |         |      |                |

#### NON-PATENT DOCUMENTS

| * |   | Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages) |
|---|---|-------------------------------------------------------------------------------------------|
|   | υ |                                                                                           |
|   | v |                                                                                           |
|   | w |                                                                                           |
|   | x |                                                                                           |

\*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).) Dates in MM-YYYY format are publication dates. Classifications may be US or foreign.

Part of Paper No. 20111204

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Art Unit   | : 3765                  | Customer No. 035811            |
|------------|-------------------------|--------------------------------|
| Examiner   | : Gloria M. Hale        |                                |
| Serial No. | : 13/161,169            | Docket No.: DMC-10-1220CON1-RE |
| Filed      | : June 15, 2011         |                                |
| Inventor   | : Lisa A. Hendrickson   |                                |
|            | : James H. Gardner, III |                                |
|            | : Richard Adelman       | Confirmation No.: 4878         |
| Title      | : BELLY COVERING        |                                |
|            | : GARMENT               | Date: January 5, 2012          |

## RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Official Action of December 27, 2011, the Applicants hereby

simultaneously submit a Supplemental Reissue Application Oath and Consent by the Assignee and a

Terminal Disclaimer. Entry into the Official Record is respectfully requested.

In addition, the Applicants hereby amend the Application as follows:

#### <u>Remarks</u>

Claims 1-21 are pending. Claim 18 has been amended solely to correct a typographical error; and as a result, no new matter has been added as a result of this amendment. Further, since this amendment clarifies the subject matter being claimed, the Applicants submit that the rejection of Claims 18 and 19 under 35 USC 112 is now moot, and respectfully request that it be withdrawn.

As noted above, a Supplemental Reissue Application Oath and Consent by the Assignee is simultaneously submitted herewith. As a result, withdraw of the rejection of Claims 1-21 under 35 USC 251 is respectfully requested.

In response to the Double Patenting rejection, the Applicants hereby submit a Terminal Disclaimer. Accordingly, reconsideration and withdraw of this rejection is also respectfully requested.

In view of the foregoing amendment and remarks, the Applicants submit that the entire Application is now in condition for allowance, which action is respectfully requested.

Respectfully submitted,

Paul A. Taufer Reg. No. 35,703 Richard L. Cruz Reg. No. 52,783 Attorneys for Applicants

PAT/RLC/nn (215) 656-3385

| Art Unit   | : 3765 Customer No. 035811                |
|------------|-------------------------------------------|
| Examiner   | : Gloria M. Hale                          |
| Serial No. | 13/161,169 Docket No.: DMC-10-1220CON1-RE |
| Filed      | : June 15, 2011                           |
| Inventor   | : Lisa A. Hendrickson                     |
|            | : James H. Gardner, III                   |
|            | : Richard Adelman                         |
| Title      | : BELLY COVERING                          |
|            | : GARMENT                                 |

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE.

#### SUPPLEMENTAL REISSUE APPLICATION OATH AND CONSENT BY THE ASSIGNEE (Pursuant to 37 C.F.R. §1.172)

I, Ronald J. Masciantonio, a citizen of the United States, am the Executive Vice President and General Counsel of Destination Maternity Corporation ("DMC"), and as such, am authorized to act on behalf of DMC.

To the best of my knowledge and understanding, DMC is the sole assignee of the entire right, title, and interest in and to U.S. Patent No. 7,900,276 (the '276 Patent), issued on March 8, 2011.

Documentary evidence of a chain of title of the '276 Patent from the original owners to DMC is recorded in the assignment records of the US Patent and Trademark Office at Reel 019670, Frame 0495 which shows an assignment from the inventors to Mothers Work, Inc., and at Reel 023390, Frame 0079 which shows an assignment from Mothers Work, Inc. to Destination Maternity Corporation.

To the best of my knowledge and understanding, the inventors listed below to be the original and first inventors of the subject matter which is described and claimed in the '276 Patent, for which a reissue patent is sought, on the invention entitled BELLY COVERING GARMENT, the specification of which is attached hereto together with a Preliminary Amendment that includes newly added claims:

 Lisa A. Hendrickson, a citizen of the United States, residing at 791 Cornwallis Drive, Mount Laurel, New Jersey 08054;

2. James H. Gardner, Ill, a citizen of the United States, residing at 1329 Squire Drive, Ambler, Pennsylvania 19002; and

3. Richard Adelman, a citizen of the United States, residing at 5 Sunfish Point, Greensboro, North Carolina 27455.

EASTW7702813-1

I have reviewed and understand the contents of the above-identified specification, including the claims as amended by the newly added claims referred to above.

By this declaration, DMC, assignee of the '276 Patent, hereby consents to the filing of the present application for the reissue of U.S. Patent No. 7,900,276.

To the best of my knowledge and understanding, the original '276 Patent to be wholly or partly inoperative by the reason of the patentee claiming less than it had the right to claim. In particular, issued Claims 2 - 16 of the '276 Patent fail to explicitly recite features such as a series of stitches or knitted tension in a backside of the claimed garment portion to provide spinal and back support. New Claims 17 - 21 have been added to correct such errors. All errors being corrected in the reissue application up to the time of this declaration arose without deceptive intent.

I hereby claim the benefit under Title 35, United States Code, §120 of Application Serial No. 11/756,242, filed May 31, 2007, now U.S. Patent No. 7,814,575, which was pending at the time of the filing of the application resulting in the '267 Patent, for which a reissue patent is now sought.

Direct all communications about the application to the address associated with Customer No. 035811. Direct all telephone calls regarding the application to Richard L. Cruz at 215-656-2446.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 USC §1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Ronald & Masciantonio, Executive Vice President & General Counsel Destination Maternity Corporation 456 North 5th Street Philadelphia, PA 19123

| Electronic Patent Application Fee Transmittal |                            |                    |          |        |                         |  |  |
|-----------------------------------------------|----------------------------|--------------------|----------|--------|-------------------------|--|--|
| Application Number:                           | 13                         | 13161169           |          |        |                         |  |  |
| Filing Date:                                  | 15                         | 15-Jun-2011        |          |        |                         |  |  |
| Title of Invention:                           | Belly Covering Garment     |                    |          |        |                         |  |  |
| First Named Inventor/Applicant Name:          | Lisa A. Hendrickson        |                    |          |        |                         |  |  |
| Filer:                                        | Paul A. Taufer/Nancy Nunez |                    |          |        |                         |  |  |
| Attorney Docket Number:                       | D٨                         | DMC-10-1220CON1-RE |          |        |                         |  |  |
| Filed as Large Entity                         |                            |                    |          |        |                         |  |  |
| Utility under 35 USC 111(a) Filing Fees       |                            |                    |          |        |                         |  |  |
| Description                                   |                            | Fee Code           | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |
| Basic Filing:                                 |                            |                    |          |        |                         |  |  |
| Pages:                                        |                            |                    |          |        |                         |  |  |
| Claims:                                       |                            |                    |          |        |                         |  |  |
| Miscellaneous-Filing:                         |                            |                    |          |        |                         |  |  |
| Petition:                                     |                            |                    |          |        |                         |  |  |
| Patent-Appeals-and-Interference:              |                            |                    |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:             |                            |                    |          |        |                         |  |  |
| Extension-of-Time:                            |                            |                    |          |        |                         |  |  |

| Description                      | Fee Code          | Quantity | Amount | Sub-Total in<br>USD(\$) |
|----------------------------------|-------------------|----------|--------|-------------------------|
| Miscellaneous:                   |                   |          |        |                         |
| Statutory or terminal disclaimer | 1814              | 1        | 160    | 160                     |
|                                  | Total in USD (\$) |          |        | 160                     |

| Electronic Acknowledgement Receipt   |                             |  |  |  |
|--------------------------------------|-----------------------------|--|--|--|
| EFS ID:                              | 11768122                    |  |  |  |
| Application Number:                  | 13161169                    |  |  |  |
| International Application Number:    |                             |  |  |  |
| Confirmation Number:                 | 4878                        |  |  |  |
| Title of Invention:                  | Belly Covering Garment      |  |  |  |
| First Named Inventor/Applicant Name: | Lisa A. Hendrickson         |  |  |  |
| Customer Number:                     | 35811                       |  |  |  |
| Filer:                               | Paul A. Taufer/Nancy Nunez  |  |  |  |
| Filer Authorized By:                 | Paul A. Taufer              |  |  |  |
| Attorney Docket Number:              | DMC-10-1220CON1-RE          |  |  |  |
| Receipt Date:                        | 05-JAN-2012                 |  |  |  |
| Filing Date:                         | 15-JUN-2011                 |  |  |  |
| Time Stamp:                          | 15:48:55                    |  |  |  |
| Application Type:                    | Utility under 35 USC 111(a) |  |  |  |

# Payment information:

| Submitted with Payment                                                                                                        | yes             |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|--|
| Payment Type                                                                                                                  | Deposit Account |  |  |  |
| Payment was successfully received in RAM                                                                                      | \$160           |  |  |  |
| RAM confirmation Number                                                                                                       | 2236            |  |  |  |
| Deposit Account                                                                                                               | 502719          |  |  |  |
| Authorized User                                                                                                               |                 |  |  |  |
| The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:                |                 |  |  |  |
| Charge any Additional Fees required under 37 C.F.R. Section 1.16 (National application filing, search, and examination fees)  |                 |  |  |  |
| Charge any Additional Fees required under 37 C.F.R. Section 1.17 (Patent application and reexamination practive f Corporation |                 |  |  |  |

Charge any Additional Fees required under 37 C.F.R. Section 1.19 (Document supply fees)

Charge any Additional Fees required under 37 C.F.R. Section 1.20 (Post Issuance fees)

Charge any Additional Fees required under 37 C.F.R. Section 1.21 (Miscellaneous fees and charges)

| File Listin                                        | g.                             |                                              |                                              |                     |                     |
|----------------------------------------------------|--------------------------------|----------------------------------------------|----------------------------------------------|---------------------|---------------------|
| Document<br>Number                                 | Document Description           | File Name                                    | File Size(Bytes)/<br>Message Digest          | Multi<br>Part /.zip | Pages<br>(if appl.) |
| 1 Miscellaneous Incomin                            | Miscellaneous Incoming Letter  | ATL.pdf                                      | 229286                                       | no                  | 1                   |
|                                                    | Miscellaneous incoming Letter  |                                              | 493dca097a690bab3538863fea434ca11b9<br>0a6a1 |                     |                     |
| Warnings:                                          |                                |                                              |                                              |                     |                     |
| Information:                                       |                                |                                              |                                              |                     |                     |
| 2                                                  | 2                              | Response.pdf                                 | 777569                                       | yes                 | 5                   |
| 2                                                  |                                |                                              | 1f458b92b21fa5e41fc8d8998df42c5591ff8<br>73b |                     |                     |
|                                                    | Multip                         | art Description/PDF files in .               | zip description                              |                     |                     |
|                                                    | Document Description           |                                              | Start                                        | End                 |                     |
|                                                    | Amendment/Req. Reconsideration | 1                                            | 1                                            |                     |                     |
|                                                    | Amendment Copy Claims/Respo    | 2                                            | 4                                            |                     |                     |
|                                                    | Applicant Arguments/Remarks    | 5                                            | 5                                            |                     |                     |
| Warnings:                                          |                                |                                              |                                              |                     |                     |
| Information:                                       |                                |                                              |                                              |                     |                     |
| 3                                                  | 3 Terminal Disclaimer Filed    | TD.pdf                                       | 265849                                       | no                  | 2                   |
|                                                    |                                | 1 <b>2 1 P 4</b> 1                           | d4a96048e0e661d7388a20267dd0aea17bf<br>358c0 |                     |                     |
| Warnings:                                          |                                |                                              | · · · · ·                                    |                     |                     |
| Information:                                       |                                |                                              |                                              |                     |                     |
| 4 Consent of Assignee accompanying the declaration | SupReissueAppInOathandConc     | 476130                                       | no                                           | 2                   |                     |
|                                                    | ent.pdf                        | ac2f3ff33befe8c6044e5597fcf919faa5e21f6<br>e | 110                                          |                     |                     |
| Warnings:                                          |                                |                                              |                                              | •                   |                     |
| Information:                                       |                                |                                              |                                              |                     |                     |
| 5 Fee Worksheet (SB06)                             | Eas Warkshaat (SPO6)           | fee-info.pdf                                 | 30284                                        | no                  | 2                   |
|                                                    |                                | ······································       | 00f82c1e6b2dba127a3a2be79ef0d51d48e<br>a5155 | no                  |                     |
| Warnings:                                          |                                |                                              |                                              |                     |                     |
| Information:                                       |                                |                                              |                                              |                     |                     |
|                                                    |                                | Total Files Size (in bytes)                  | 17                                           | 79118               |                     |

This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.

## New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

#### National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

#### New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application. In re Application of Lisa A. Hendrickson, et al. Serial No.: 13/161,169 Filed: June 15, 2011 For: BELLY COVERING GARMENT

#### Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

A response to the outstanding official action in the above-identified application is enclosed.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- This is a Petition for an Extension of Time for the period noted below, as well as for any additional period necessary to render this submission timely.
- No additional fee is required.

|                                             |                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                                       | SMALL                                                                                                                                                                                                                               | ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       | THAN<br>ENTITY                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N PETITION FEE                              |                                                                                                          | No. of month(s):                                                                           |                                                                                                                                                                                                                                                                                       | \$0.00                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0.00                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |
| nsion fee previously                        | y paid                                                                                                   | No. of month(s):                                                                           | 0                                                                                                                                                                                                                                                                                     | (\$0.00)                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (\$0.00)                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                       |
| SION FEE DUE                                |                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                                       | \$0.00                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0.00                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |
| CLAIM(S)<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                | EXTRA<br>CLAIM(S)<br>PRESENT                                                                                                                                                                                                                                                          | RATE                                                                                                                                                                                                                                | ADD'L<br>CLAIM<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RATE                                                                                                                                                                                                                                                                                                                                  | ADD'L<br>CLAIM<br>FEE                                                                                                                                                                                                                                                                                                                                                                                 |
| 21                                          | MINUS                                                                                                    | 21                                                                                         | = 0                                                                                                                                                                                                                                                                                   | x 30=                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | x 60=                                                                                                                                                                                                                                                                                                                                 | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                           | MINUS                                                                                                    | 1                                                                                          | 0                                                                                                                                                                                                                                                                                     | x 125=                                                                                                                                                                                                                              | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | x 250≖                                                                                                                                                                                                                                                                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                |
| FIRST PRESENT                               | TATION C                                                                                                 | F MULTIPLE CL                                                                              | .AIM(S)                                                                                                                                                                                                                                                                               | + 225==                                                                                                                                                                                                                             | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | + 450=                                                                                                                                                                                                                                                                                                                                | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                |
| ***************************************     |                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                |
|                                             | ISION FEE DUE<br>SION FEE DUE<br>CLAIM(S)<br>REMAINING<br>AFTER<br>AMENDMENT<br>21<br>1<br>FIRST PRESENT | CLAIM(S)<br>REMAINING<br>AFTER<br>AMENDMENT<br>21 MINUS<br>1 MINUS<br>FIRST PRESENTATION O | Ision fee previously paid     No. of month(s):       SION FEE DUE     HIGHEST       CLAIM(S)     HIGHEST       REMAINING     NUMBER       AFTER     PREVIOUSLY       AMENDMENT     PAID FOR       21     MINUS     21       1     MINUS     1       FIRST PRESENTATION OF MULTIPLE CL | Ision fee previously paid     No. of month(s): 0       SION FEE DUE     HIGHEST       CLAIM(S)     HIGHEST       REMAINING     NUMBER       AFTER     PREVIOUSLY       AMENDMENT     PAID FOR       21     MINUS       21     MINUS | Image: Note of monthSolutionImage: Note of monthNote of month\$0.00Image: Note of monthNote of month | Ision fee previously paidNo. of month(s): 0(\$0.00)SION FEE DUE\$0.00\$0.00CLAIM(S)<br>REMAINING<br>AFTER<br>AMENDMENTHIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOREXTRA<br>CLAIM(S)<br>PRESENTRATE<br>CLAIM<br>CLAIM<br>PRESENTADD'L<br>CLAIM<br>FEE21MINUS21=0x 30=\$1MINUS1=0x 125=\$FIRST PRESENTATION OF MULTIPLE CLAIM(S)+ 225=\$ | Image: No. of month(s):\$0.00\$0.00Ision fee previously paidNo. of month(s):\$0.00\$0.00SHON FEE DUE\$0.00\$0.00\$0.00CLAIM(S)<br>REMAINING<br>AFTER<br>AMENDMENTHIGHEST<br>PREVIOUSLY<br>PAID FOREXTRA<br>CLAIM(S)<br>PRESENTRATE<br>CLAIM(S)<br>PRESENTADD'L<br>CLAIM<br>FEERATE<br>CLAIM<br>FEE21MINUS21=0x 30=\$x 60=1MINUS1=0x 125=\$x 250=FIRST PRESENTATION OF MULTIPLE CLAIM(S)+ 225=\$+ 450= |

Please charge Deposit Account No. 50-2719 in the amount of \$\_\_\_\_\_

The Commissioner is authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719.

Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

III Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

and the second s

Date: January 5, 2012

Paul A. Taufer, Reg. No. 35,703 Richard L. Cruz, Reg. No. 52,783 Attorney for Applicant(s)

PAT/RLC/nn (215)656-3385 EAST\47710660.1

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Art Unit   | : 3765               | Customer No. 035811            |
|------------|----------------------|--------------------------------|
| Examiner   | : Gloria M. Hale     |                                |
| Serial No. | : 13/161,169         | Docket No.: DMC-10-1220CON1-RE |
| Filed      | : June 15, 2011      |                                |
| Inventor   | : Lisa A. Hendrickso | 21                             |
|            | : James H. Gardner,  | III                            |
|            | : Richard Adelman    |                                |
| Title      | : BELLY COVERIN      | IG                             |
|            | : GARMENT            |                                |

#### TERMINAL DISCLAIMER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Your Petitioner, Richard L. Cruz, represents that he is patent counsel for Destination Maternity Corporation, which is the owner of the entire interest in the instant application (Serial No. 13/161,169) filed June 15, 2011 for BELLY COVERING GARMENT, as evidenced by an Assignment recorded at Reel 023390, Frame 0079 of the US Patent and Trademark Office records, and is also the owner of US Application No. 13/161,138 filed June 15, 2011 for BELLY COVERING GARMENT as evidenced by an Assignment recorded at Reel 023390, Frame 0079 of the US Patent and Trademark Office records.

Your Petitioner, on behalf of the patent owner, hereby disclaims the terminal part of the statutory term of any patent to be issued on said instant application which would extend beyond the expiration date of the full statutory term of any patent granted on US Application No. 13/161,138,

BAST\47702865.1

and hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that the instant application is commonly owned with US Application No. 13/161,138 and any patent granted thereon, this agreement to run with any patent granted on the instant application and to be binding upon the grantee, its successors or assigns.

Respectfully submitted,

Richard L. Cruz

By:

Richard L. Cruz, Patent Counsel Reg. No. 52,783

PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032 

| P            | Under the Pap                             |                                           | E DETE                                              | ERMINATION                                                                                            |                                              | d to      | a collection c<br>pplication or I |                        | Filing Date<br>66/15/2011 |                       | To be Mailed           |
|--------------|-------------------------------------------|-------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------|-----------------------------------|------------------------|---------------------------|-----------------------|------------------------|
|              | AF                                        | PLICATION                                 | AS FILE<br>(Column 1                                |                                                                                                       | Column 2)                                    |           | SMALL                             |                        | OR                        |                       | HER THAN               |
|              | FOR NUMBER FILED NUMBER EXTRA             |                                           |                                                     |                                                                                                       |                                              | RATE (\$) | FEE (\$)                          |                        | RATE (\$)                 | FEE (\$)              |                        |
|              | BASIC FEE<br>(37 CFR 1.16(a), (b), c      | or (c))                                   | N/A                                                 |                                                                                                       | N/A                                          |           | N/A                               |                        |                           | N/A                   |                        |
|              | SEARCH FEE<br>(37 CFR 1.16(k), (i), c     | or (m))                                   | N/A                                                 |                                                                                                       | N/A                                          |           | N/A                               |                        |                           | N/A                   |                        |
|              | EXAMINATION FE<br>(37 CFR 1.16(o), (p), c |                                           | N/A                                                 |                                                                                                       | N/A                                          |           | N/A                               |                        |                           | N/A                   |                        |
|              | AL CLAIMS<br>CFR 1.16(i))                 |                                           | min                                                 | us 20 = *                                                                                             |                                              |           | X \$ =                            |                        | OR                        | X \$ =                |                        |
|              | EPENDENT CLAIM<br>CFR 1.16(h))            | S                                         | mi                                                  | nus 3 = *                                                                                             |                                              |           | X \$ =                            |                        |                           | X \$ =                |                        |
|              | APPLICATION SIZE<br>37 CFR 1.16(s))       | FEE shee<br>is \$2<br>addi<br>35 L        | ts of pape<br>50 (\$125<br>tional 50 s<br>.S.C. 41( | ation and drawing<br>er, the applicatio<br>for small entity)<br>sheets or fraction<br>a)(1)(G) and 37 | n size fee due<br>for each<br>n thereof. See |           |                                   |                        |                           |                       |                        |
|              | MULTIPLE DEPEN                            |                                           | ,                                                   |                                                                                                       |                                              |           | TOTAL                             |                        |                           | TOTAL                 |                        |
|              | he difference in colu                     |                                           |                                                     |                                                                                                       |                                              |           | IUIAL                             |                        |                           | IUTAL                 |                        |
|              | APPL                                      | (Column 1)                                | AMENL                                               | ED – PART II<br>(Column 2)                                                                            | (Column 3)                                   |           | SMAL                              | L ENTITY               | OR                        |                       | ER THAN<br>ILL ENTITY  |
| AMENDMENT    | 01/05/2012                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                           | PRESENT<br>EXTRA                             |           | RATE (\$)                         | ADDITIONAL<br>FEE (\$) |                           | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
| ME           | Total (37 CFR<br>1.16(i))                 | * 21                                      | Minus                                               | ** 21                                                                                                 | = 0                                          |           | X \$ =                            |                        | OR                        | X \$60=               | 0                      |
| L<br>Z       | Independent<br>(37 CFR 1.16(h))           | * 1                                       | Minus                                               | ***3                                                                                                  | = 0                                          |           | X \$ =                            |                        | OR                        | X \$250=              | 0                      |
| AME          | Application Si                            | ze Fee (37 CFR <sup>-</sup>               | .16(s))                                             |                                                                                                       |                                              |           |                                   |                        |                           |                       |                        |
|              | FIRST PRESEN                              | ITATION OF MULTI                          | PLE DEPEN                                           | DENT CLAIM (37 CFF                                                                                    | R 1.16(j))                                   |           |                                   |                        | OR                        |                       |                        |
|              |                                           |                                           |                                                     |                                                                                                       |                                              |           | TOTAL<br>ADD'L<br>FEE             |                        | OR                        | TOTAL<br>ADD'L<br>FEE | 0                      |
|              |                                           | (Column 1)                                |                                                     | (Column 2)                                                                                            | (Column 3)                                   |           | -                                 |                        |                           | -                     |                        |
|              |                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                           | PRESENT<br>EXTRA                             |           | RATE (\$)                         | ADDITIONAL<br>FEE (\$) |                           | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
| ENT          | Total (37 CFR<br>1.16(i))                 | *                                         | Minus                                               | **                                                                                                    | =                                            |           | X \$ =                            |                        | OR                        | X \$ =                |                        |
| ENDM         | Independent<br>(37 CFR 1.16(h))           | *                                         | Minus                                               | ***                                                                                                   | =                                            |           | X \$ =                            |                        | OR                        | X \$ =                |                        |
| ΕN           | Application Si                            | ze Fee (37 CFR <sup>-</sup>               | .16(s))                                             |                                                                                                       |                                              |           |                                   |                        |                           |                       |                        |
| AM           |                                           | ITATION OF MULTI                          | PLE DEPEN                                           | DENT CLAIM (37 CFF                                                                                    | R 1.16(j))                                   |           |                                   |                        | OR                        |                       |                        |
|              |                                           |                                           |                                                     |                                                                                                       |                                              |           | TOTAL<br>ADD'L<br>FEE             |                        | OR                        | TOTAL<br>ADD'L<br>FEE |                        |
| ** lf<br>*** |                                           |                                           |                                                     |                                                                                                       |                                              |           |                                   |                        |                           |                       |                        |

process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 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.

#### In the Claims

1. (Original) A garment portion having an attached belly panel portion comprising: an expansible belly panel adapted to substantially cover a wearer's entire belly region, said belly region comprising an area beginning just beneath the wearer's breast area and extending over the wearer's abdomen to a lower abdomen region beneath the wearer's belly, said belly panel comprising: an upper edge portion defining a first encircling circumference about a wearer's torso that is at or above the wearer's upper abdomen region, and a lower edge portion spaced from the upper edge portion and defining a second encircling circumference about the wearer's lower abdomen region; and a garment lower portion, in communication with the lower edge portion, having a torso encircling circumference that recedes downward to make way for expansion of the belly panel.

2. (Original) The garment portion of claim 1, further comprising a pair of trousers attached to said lower edge portion.

3. (Original) The garment portion of claim 2, wherein said trousers comprise denim jeans.

4. (Original) The garment portion of claim 3, wherein said denim jeans comprise one or more pockets and a sewn zipperless fly front.

5. (Original) The garment portion of claim 1, further comprising a skirt attached to said lower edge portion.

6. (Original) The garment portion of claim 1, wherein said belly panel is adapted to cover the wearer's belly region during different stages of weight gains and losses.

7. (Original) The garment portion of claim 1, wherein said belly panel is adapted to substantially cover and fit over different body types.

8. (Original) The garment portion of claim 1, wherein the belly panel is elastically expansible and contractible.

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9. (Original) The garment portion of claim 1, wherein the belly panel is seamless to fit comfortably while being worn.

10. (Original) The garment portion of claim 1, wherein the belly panel is foldable to comprise a folded band.

11. (Original) The garment portion of claim 1, wherein the belly panel is woven or knitted with elastic, stretchable strands.

12. (Original) The garment portion of claim 1, wherein a top edge margin of the belly panel is folded over and sewn or knitted to an inside of the belly panel fabric.

13. (Original) The garment portion of claim 1, wherein the belly panel comprises a double layer tubular structure.

14. (Original) The garment portion of claim 1, wherein the belly panel further comprises a partial waistband extending across a back side of the lower edge portion and extending down into side seams of an article of clothing connected thereto.

15. (Original) The garment portion of claim 1, wherein the belly panel further comprises one or more belly-cradling stitches or knitted tension to cradle the wearer's abdomen region.

16. (Original) The garment portion of claim 1, wherein the lower edge portion is configured to extend downward with a parabolic shape to accommodate the wearer's expanding belly region.

17. (Previously Presented) The garment portion of claim 15, wherein the stitches or knitted tension extend along multiple paths arranged in an elliptical pattern that curves, so as to cradle a curved abdomen.

18. (Currently Amended) The garment portion of claim 1, wherein the belly panel further comprises comprising a series of stitches or knitted tension in a backside of the belly panelgarment portion to provide spinal and back support against the wearer.

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19. (Previously Presented) The garment portion of claim 18, wherein the series of stitches or knitted tension extends along a pattern of multiple stitch paths.

20. (Previously Presented) The garment portion of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as a hyperboloid cylinder to fit a body type having a tapered torso.

21. (Previously Presented) The garment portion of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as a straight-sided cylinder to fit a body type having a correspondingly shaped torso.

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| Application Number   | Application/Co | ntrol No.  | Applicant(s)/Patent under<br>Reexamination |          |  |  |  |
|----------------------|----------------|------------|--------------------------------------------|----------|--|--|--|
|                      | 13/161,169     |            | HENDRICKSON ET AL.                         |          |  |  |  |
| Document Code - DISQ |                | Internal D | ocument – DC                               | NOT MAIL |  |  |  |

| TERMINAL<br>DISCLAIMER       |                                                       |  |
|------------------------------|-------------------------------------------------------|--|
| Date Filed : January 5, 2012 | This patent is subject<br>to a Terminal<br>Disclaimer |  |

Approved/Disapproved by:

Henry D. Jefferson

U.S. Patent and Trademark Office

|                      | Application/Control No. | Applicant(s)/Patent Under Reexamination |
|----------------------|-------------------------|-----------------------------------------|
| Issue Classification | 13161169                | HENDRICKSON ET AL.                      |
|                      | Examiner                | Art Unit                                |
|                      | GLORIA HALE             | 3765                                    |

|                    | ORIGINAL |            |         |           |     |   | INTERNATIONAL CLASSIFICATION |   |   |           |   |             |   |   |                  |
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| Claims renumbered in the same order as presented by applicant |          |       |          |       |          |       | СР       | A 🗵   | ] T.D.   | ۵     | ] R.1.   | 47    |          |       |         |
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| NONE                                            | Total Claims Allowed: |                     |                   |  |
|-------------------------------------------------|-----------------------|---------------------|-------------------|--|
| (Assistant Examiner)                            | (Date)                | 2                   | 1                 |  |
| /GLORIA HALE/<br>Primary Examiner.Art Unit 3765 | 1-16-12               | O.G. Print Claim(s) | O.G. Print Figure |  |
| (Primary Examiner)                              | (Date)                | 17                  | 3                 |  |

U.S. Patent and Trademark Office

Part of Paper No. 20120116

|              | Application/Control No. | Applicant(s)/Patent Under<br>Reexamination |
|--------------|-------------------------|--------------------------------------------|
| Search Notes | 13161169                | HENDRICKSON ET AL.                         |
|              | Examiner                | Art Unit                                   |
|              | GLORIA HALE             | 3765                                       |

| SEARCHED    |                          |         |          |  |  |  |  |  |
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| Class       | Subclass                 | Date    | Examiner |  |  |  |  |  |
| 2           | 227,228,236-238,69,243.1 |         |          |  |  |  |  |  |
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| all updated |                          | 1-16-12 | gh       |  |  |  |  |  |

| SEARCH NOTES                             |         |          |  |  |  |  |  |  |
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| Search Notes                             | Date    | Examiner |  |  |  |  |  |  |
| inv name srch;review related apps for DP | 12-4-11 | gh       |  |  |  |  |  |  |
| litigation search in file                |         |          |  |  |  |  |  |  |

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|  | /GLORIA HALE/<br>Primary Examiner.Art Unit 3765 |
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|    | Ina                   | ndex of Claims 13161169 |          |       |           | HENDRICKSON ET AL. |               |        |         |                 |                |                 |           |      |
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|    |                       | 21                      | ✓        |       | =         |                    |               |        |         |                 |                |                 |           |      |

Part of Paper No. : 20120116

# 13161169 - GAU: 3765

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|                              |                           |                                                                                                      |                         | APPLICANT                          |               |                      |                                         |              |
|                              | 5                         |                                                                                                      |                         | Lisa A. Hendricksor<br>FILING DATE | 3, CI 31.     | GROUP                |                                         |              |
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|                              | AA<br>AB                  | 3,045,676                                                                                            | 07/24/62                | Slaten                             |               |                      |                                         |              |
|                              | AC                        | 4,506,390                                                                                            | 07/28/81<br>03/26/85    | Stein<br>Stern                     |               |                      |                                         |              |
|                              | AD                        | 5,946,730                                                                                            | 09/07/99                | Blair                              | }             |                      |                                         |              |
|                              | AE                        | 6,313,333                                                                                            | 11/06/01                | Batra                              | <u>.</u>      |                      | ······                                  |              |
|                              | AF                        | 2004/0210987                                                                                         | 10/28/04                | Carney                             | h             |                      | +                                       |              |
|                              | AG                        | 2006/0010571                                                                                         | 01/19/06                | Oakley                             |               | 1                    | <u> </u>                                |              |
|                              | AH                        | 7,814,575                                                                                            | 10/19/10                | Hendrickson et al.                 | <u></u>       |                      |                                         |              |
|                              | AI                        | 7,900,276                                                                                            | 63/08/11                | Hendrickson et al.                 |               |                      |                                         |              |
|                              | AJ                        |                                                                                                      |                         |                                    |               |                      |                                         |              |
| *****                        | AK                        |                                                                                                      |                         |                                    |               |                      |                                         |              |
|                              |                           | FORE                                                                                                 | IGN PATENT I            | DOCUMENTS                          |               |                      |                                         |              |
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|                              |                           | OTHER PUBLICATIONS                                                                                   | i (Including Auth       | or, Title, Date, Pertine           | nt Pages, Etc | 2)                   |                                         |              |
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EIC 3700 SEARCH REPORT

# STIC Database Tracking Number: 378914

To: GLORIA HALE Location: RND-7D79 Art Unit: 3765 Monday, November 21, 2011

Case Serial Number: 13/161169

From: TERRENCE SOLOMON Location: EIC3700 RND-8B31 Phone: (571)272-3509

terrence.solomon@uspto.gov

# Search Notes

US Pat. 7900276 was not involved in any current or past federal court cases.

Sources:

- Lexis (0)
- Courtlink (0)
- Lit Alert (0)

#### 117004 (12) 7900276 March 8, 2011

#### UNITED STATES PATENT AND TRADEMARK OFFICE GRANTED PATENT

#### 7900276

Get Drawing Sheet 1 of 8 Access PDF of Official Patent \* Order Patent File History / Wrapper from REEDFAX® Link to Claims Section

March 8, 2011

Belly covering garment

#### REISSUE:

June 15, 2011 - Reissue Application filed, Ex. Gp.: 3765; Re. S.N.: 13/161,169, (O.G. July 12, 2011)

**APPL-NO:** 117004 (12)

FILED-DATE: May 8, 2008

GRANTED-DATE: March 8, 2011

LEGAL-REP: DLA Piper LLP (US)

**LEGAL-STATUS:** 

October 19, 2009 - ASSIGNMENT

PRIM-EXMR: Hale, Gloria

**CORE TERMS:** garment, fabric, tubular, belly, panel, torso, abdomen, stitch, stretchable, seam, perimeter, body types, trousers, sewn, circumference, encircling, pregnancy, knitted, worn, elastically, elastic, layer, expansible, downward, wearer, woven, waistband, covering, girth, band

| Source:    | Legal > / / > Utility, Design and Plant Patents 👔                                       |
|------------|-----------------------------------------------------------------------------------------|
| Terms:     | patno=7900276 (Suggest Terms for My Search)                                             |
| View:      | Custom                                                                                  |
| Segments:  | Asst-exmr, Cert-correction, Exmr, Legal-rep, Legal-status, Lit-reex, Prim-exmr, Reexam- |
|            | litigate, Reissue, Reissue-comment                                                      |
| Date/Time: | Monday, November 21, 2011 - 9:36 AM EST                                                 |

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Patent Search 7,900,276 11/21/2011

No cases found.

Page 1 of 1

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UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

35811 7590 05/11/2012 IP GROUP OF DLA PIPER LLP (US) ONE LIBERTY PLACE 1650 MARKET ST, SUITE 4900 PHILADELPHIA, PA 19103 EXAMINER HALE, GLORIA M

ART UNIT PAPER NUMBER 3765

DATE MAILED: 05/11/2012

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 13/161,169      | 06/15/2011  | Lisa A. Hendrickson  | DMC-10-1220CON1-RE  | 4878             |
|                 |             |                      |                     |                  |

TITLE OF INVENTION: BELLY COVERING GARMENT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1740        | \$0                 | \$O                  | \$1740           | 08/13/2012 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>THIS STATUTORY PERIOD CANNOT BE EXTENDED</u>. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

| If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:                                                                                                        | If the SMALL ENTITY is shown as NO:                                                                                                                                                                                  |
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| A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.                                                                                                                  | A. Pay TOTAL FEE(S) DUE shown above, or                                                                                                                                                                              |
| B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or | B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above. |

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

#### E

| 35811<br>IP GROUP OF<br>ONE LIBERTY                                                                                                                                                                                                                                                                                                                                       | TODES.<br>TOTA DIPERS (Note: Use BI<br>T590 05/11<br>DLA PIPER LLE<br>PLACE<br>ST, SUITE 4900 | Nott<br>Fee(<br>pape<br>have | e: A certificate of r<br>s) Transmittal. This<br>rs. Each additional<br>e its own certificate<br>Cert                                                                                                                                                                                                                                                                     | mailing<br>s certific<br>paper,<br>of maili | can only be used for<br>cate cannot be used for<br>such as an assignme<br>ing or transmission. | hould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for<br>or domestic mailings of the<br>or any other accompanying<br>nt or formal drawing, must<br><b>mission</b><br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                             |                              |                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                  | (Depositor's name)         |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                              |                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                  | (Signature)                |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                              |                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                  | (Date)                     |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                           | FILING DATE                                                                                   |                              | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                      |                                             | ATTOR                                                                                          | NEY DOCKET NO.                                                                                                                                                                                                                                                                                                   | CONFIRMATION NO.           |
| 13/161,169                                                                                                                                                                                                                                                                                                                                                                | 06/15/2011                                                                                    |                              | Lisa A. Hendrickson                                                                                                                                                                                                                                                                                                                                                       |                                             | DMC-                                                                                           | 10-1220CON1-RE                                                                                                                                                                                                                                                                                                   | 4878                       |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                               | SMALL ENTITY                                                                                  | ISSUE FEE DUE                | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                       | PREV. PAID ISSUE                            | FEE                                                                                            | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                 | DATE DUE                   |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                            | NO                                                                                            | \$1740                       | \$0                                                                                                                                                                                                                                                                                                                                                                       | \$0                                         |                                                                                                | \$1740                                                                                                                                                                                                                                                                                                           | 08/13/2012                 |
| EXAN                                                                                                                                                                                                                                                                                                                                                                      | INER                                                                                          | ART UNIT                     | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                            |
| HALE, G                                                                                                                                                                                                                                                                                                                                                                   | LORIA M                                                                                       | 3765                         | 002-237000                                                                                                                                                                                                                                                                                                                                                                | -                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                            |
| <ul> <li>L. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul> |                                                                                               |                              | 2. For printing on the patent front page, list       1         (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,       1         (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.       2 |                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                            |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                              | ►<br>THE PATENT (print or typ<br>data will appear on the pa<br>T a substitute for filing an                                                                                                                                                                                                                                                                               | ,                                           | e is ide                                                                                       | entified below, the d                                                                                                                                                                                                                                                                                            | ocument has been filed for |

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💭 Corporation or other private group entity 🛄 Government

| <ul> <li>4a. The following fee(s) are submitted:</li> <li>Issue Fee</li> <li>Publication Fee (No small entity discount permitted)</li> <li>Advance Order - # of Copies</li></ul> | <ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).</li> </ul>                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Change in Entity Status (from status indicated above)                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.                                                                                                                        | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                                                                                                                                   |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accounterest as shown by the records of the United States Patent and Trader                                    | epted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nark Office.                                                                                                                                                                                                                                                                                                       |
| Authorized Signature                                                                                                                                                             | Date                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Typed or printed name                                                                                                                                                            | Registration No                                                                                                                                                                                                                                                                                                                                                                                                                  |
| submitting the completed application form to the USPTO. Time will<br>this form and/or suggestions for reducing this burden, should be sent t                                     | nation is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) FR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and vary depending upon the individual case. Any comments on the amount of time you require to complete o the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE EX. 1007 - Page 126 OMB 0651-0033

|                                  | ted States Pate  | NT AND TRADEMARK OFFICE | UNITED STATES DEPAR<br>United States Patent and<br>Address: COMMISSIONER F<br>P.O. Box 1450<br>Alexandria, Virginia 223<br>www.uspto.gov | Trademark Office<br>OR PATENTS |
|----------------------------------|------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| APPLICATION NO.                  | FILING DATE      | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO.                                                                                                                      | CONFIRMATION NO.               |
| 13/161,169                       | 06/15/2011       | Lisa A. Hendrickson     | DMC-10-1220CON1-RE                                                                                                                       | 4878                           |
| 35811 75                         | 90 05/11/2012    |                         | EXAM                                                                                                                                     | IINER                          |
|                                  | LA PIPER LLP (US | )                       | HALE, G                                                                                                                                  | LORIA M                        |
| ONE LIBERTY PI<br>1650 MARKET ST |                  |                         | ART UNIT                                                                                                                                 | PAPER NUMBER                   |
| PHILADELPHIA,                    | PA 19103         |                         | 3765                                                                                                                                     |                                |
|                                  |                  |                         | DATE MAILED: 05/11/201                                                                                                                   | 2                              |

## Determination of Patent Term Extension or Adjustment under 35 U.S.C. 154 (b)

A reissue patent is for "the unexpired part of the term of the original patent." See 35 U.S.C. 251. Accordingly, the above-identified reissue application is not eligible for Patent Term Extension or Adjustment under 35 U.S.C. 154(b).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

# **Privacy Act Statement**

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

- 1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.
- 2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
- 3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.
- 4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
- 5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
- 6. A record in this system of records may be disclosed, as a routine use, to 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)).
- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
- 8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
- 9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

| Notice of Allowability | Application No. | Applicant(s)       |
|------------------------|-----------------|--------------------|
|                        | 13/161,169      | HENDRICKSON ET AL. |
|                        | Examiner        | Art Unit           |
|                        | GLORIA HALE     | 3765               |
|                        |                 |                    |

| The MAILING DATE of this communication appears on the<br>All claims being allowable, PROSECUTION ON THE MERITS IS (OR REM<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other a<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. T<br>of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IAINS) CLOSED in this application. If not included appropriate communication will be mailed in due course. <b>THIS</b> This application is subject to withdrawal from issue at the initiative |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. X This communication is responsive to <u>1-5-12 Amendment/Oath &amp; T.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| 2. An election was made by the applicant in response to a restriction requirement and election have been incorporated into this action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | quirement set forth during the interview on; the restriction                                                                                                                                  |
| 3. ⊠ The allowed claim(s) is/are <u>1-21</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |
| <ul> <li>4. ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.</li> <li>a) ☐ All b) ☐ Some* c) ☐ None of the:</li> <li>1. ☐ Certified copies of the priority documents have been red</li> <li>2. ☐ Certified copies of the priority documents have been red</li> <li>3. ☐ Copies of the certified copies of the priority documents labeled and the priori</li></ul> | ceived.<br>ceived in Application No                                                                                                                                                           |
| International Bureau (PCT Rule 17.2(a)). * Certified copies not received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                               |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" of this connoted below. Failure to timely comply will result in ABANDONMENT of the THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| 5. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note INFORMAL PATENT APPLICATION (PTO-152) which gives reason                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |
| <ul> <li>6. CORRECTED DRAWINGS (as "replacement sheets") must be submined including changes required by the Notice of Draftsperson's Paterna 1) hereto or 2) to Paper No./Mail Date</li> <li>(b) including changes required by the attached Examiner's Amendra Paper No./Mail Date</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent Drawing Review (PTO-948) attached                                                                                                                                                         |
| Paper No./Mail Date<br>Identifying indicia such as the application number (see 37 CFR 1.84(c)) sho<br>each sheet. Replacement sheet(s) should be labeled as such in the header                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |
| 7. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGIC attached Examiner's comment regarding REQUIREMENT FOR THE D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                               |
| 1. Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5. Notice of Informal Patent Application                                                                                                                                                      |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. Interview Summary (PTO-413),<br>Paper No./Mail Date                                                                                                                                        |
| <ol> <li>Information Disclosure Statements (PTO/SB/08),<br/>Paper No./Mail Date <u>12-5-11</u></li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. 🛛 Examiner's Amendment/Comment                                                                                                                                                             |
| 4. Examiner's Comment Regarding Requirement for Deposit<br>of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul> <li>8. Examiner's Statement of Reasons for Allowance</li> <li>9. Other</li> </ul>                                                                                                        |
| /Gloria Hale/<br>Primary Examiner, Art Unit 3765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |
| U.S. Patent and Trademark Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               |

Application/Control Number: 13/161,169 Art Unit: 3765

## **EXAMINER'S AMENDMENT**

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

The application has been amended as follows:

Replace claims 17-21 with the following underlined claims:

<u>17. (Previously Presented) The garment portion of claim 15, wherein the stitches</u> or knitted tension extend along multiple paths arranged in an elliptical pattern that <u>curves, so as to cradle a curved abdomen.</u>

<u>18. (Currently Amended) The garment portion of claim 1, further comprising a</u> series of stitches or knitted tension in a backside of the garment portion to provide spinal and back support against the wearer.

<u>19. (Previously Presented)</u> The garment portion of claim 18, wherein the series of stitches or knitted tension extends along a pattern of multiple stitch paths.

Application/Control Number: 13/161,169 Art Unit: 3765

20. (Previously Presented) The garment portions of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as a hyperboloid cylinder to fit a body type having a tapered torso.

21(Previously Presented) The garment portion of claim 1, wherein the belly panel defines a tubular structure that is shaped and formed as straight-sided cylinder to fit a body type having a correspondingly shaped torso.

/GLORIA HALE/

Primary Examiner, Art Unit 3765



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# **BIB DATA SHEET**

## **CONFIRMATION NO. 4878**

| SERIAL NUMBER<br>13/161,169       FILING or 371(c)<br>DATE<br>06/15/2011       CLASS<br>002       GROUP ART UNIT<br>3765       ATTORNEY DOCKET<br>0MC-10-1220CON1-RE         APPLICANTS<br>Lisa A. Hendrickson, Mount Laurel, NJ;<br>James H. Gardner III, Ambler, PA;<br>Richard Adelman, Greensboro, NC;       002       3765       DMC-10-1220CON1-RE         *** CONTINUING DATA<br>***********************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                            |                                    | 271(a)    |         | 01.400 |    |          |                      |        |                   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|------------------------------------|-----------|---------|--------|----|----------|----------------------|--------|-------------------|--|--|
| RULE         APPLICANTS         Lisa A. Hendrickson, Mount Laurel, NJ;<br>James H. Gardner III, Ambler, PA;<br>Richard Adelman, Greensboro, NC;         ** CONTINUING DATA **********************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                            | DATE                               |           |         |        |    |          |                      |        | NO.               |  |  |
| APPLICANTS         Lisa A. Hendrickson, Mount Laurel, NJ;<br>James H. Gardner III, Ambler, PA;<br>Richard Adelman, Greensboro, NC;         ** CONTINUING DATA **********************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13/161,16                                                                   | 9                                          |                                    |           |         | 002    |    | 3765     |                      | PMC-   | 10-1220CON1-RE    |  |  |
| Lisa A. Hendrickson, Mount Laurel, NJ;<br>James H. Gardner III, Ambler, PA;<br>Richard Adelman, Greensboro, NC;<br>** CONTINUING DATA **********************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                            | RULE                               |           |         |        |    |          |                      |        |                   |  |  |
| This application is a REI of 12/117,004 05/08/2008 PAT 7,900,276 which is a CON of 11/756,242 05/31/2007 PAT 7,814,575         ** FOREIGN APPLICATIONS ************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Lisa A. Hendrickson, Mount Laurel, NJ;<br>James H. Gardner III, Ambler, PA; |                                            |                                    |           |         |        |    |          |                      |        |                   |  |  |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **         06/20/2011         Foreign Priority claimed       Yes in No         35 USC 119(a-d) conditions met in Yes in No       Met after Allowance         Verified and / Gloria Hale/<br>Acknowledged       / Gloria Hale/<br>Exammer's Signature       NJ       8       21       1         ADDRESS       IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE<br>1650 MARKET ST, SUITE 4900<br>PHILADELPHIA, PA 19103<br>UNITED STATES       IV Example Status       IV Example Status       IV Example Status         FILING FEE<br>RECEIVED<br>1572       FEES: Authority has been given in Paper<br>No to charge/credit DEPOSIT ACCOUNT<br>No for following:       Interest (Issue)       Interest (Issue)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | This appli                                                                  | ication i                                  | s a REI of 12                      | 117,004 ( | 05/08/2 |        |    |          |                      |        |                   |  |  |
| 06/20/2011         Foreign Priority claimed       Yes       No       Met after<br>Allowance       STATE OR<br>COUNTRY       SHEETS<br>DRAWINGS       TOTAL<br>CLAIMS       INDEPENDENT<br>CLAIMS         35 USC 119(a-d) conditions met       Yes       No       Met after<br>Allowance       NJ       8       21       1         Adknowledged         / Gloria Hale/<br>Acknowledged       / Gloria Hale/<br>Examiner's Signature       Initials       NJ       8       21       1         ADDRESS         IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE<br>1650 MARKET ST, SUITE 4900<br>PHILADELPHIA, PA 19103<br>UNITED STATES         TITLE         Belly Covering Garment         Imma for blowing:         I All Fees         I 1.16 Fees (Filing)         I 1.16 Fees (Filing)         I 1.16 Fees (Filing)         I 1.16 Fees (Filing)         I 1.18 Fees (Issue)         I 0.118 Fees (Issue)         I 0.118 Fees (Issue)         I 0.118 Fees (Issue)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ** FOREIGN A                                                                | PPLICA                                     | TIONS *****                        | *******   | ******  | *      |    |          |                      |        |                   |  |  |
| 35 USC 119(a-d) conditions met       Yes Woo       Met after Allowance       COUNTRY       DRAWINGS       CLAIMS       CLAIMS       CLAIMS         Verified and Acknowledged       / Gloria Hale/       Initiate       NJ       8       21       1         ADDRESS       IP GROUP OF DLA PIPER LLP (US) ONE LIBERTY PLACE       Initiate       NJ       8       21       1         ADDRESS       IP GROUP OF DLA PIPER LLP (US) ONE LIBERTY PLACE       Initiate       NJ       8       21       1         ID GROUP OF DLA PIPER LLP (US) ONE LIBERTY PLACE       1650 MARKET ST, SUITE 4900 PHILADELPHIA, PA 19103 UNITED STATES       III Fees       IIIIII Fees       IIIIII Fees       IIIIIII Fees       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                            |                                    |           |         |        |    |          |                      |        |                   |  |  |
| Acknowledged       Examiners Signature       Initials       NJ       8       21       1         ADDRESS       IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE       IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE       IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE       IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE         1650 MARKET ST, SUITE 4900<br>PHILADELPHIA, PA 19103<br>UNITED STATES       IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE       IP GROUP OF DLA PIPER LLP (US)         TITLE       Belly Covering Garment       III In Field State       III Fees         FILING FEE<br>RECEIVED<br>1572       FEES: Authority has been given in Paper<br>No to charge/credit DEPOSIT ACCOUNT<br>No for following:       III Fees (Filing)         III 18 Fees (Issue)       III 18 Fees (Issue)       III 18 Fees (Issue)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                            |                                    |           |         |        |    |          |                      |        |                   |  |  |
| IP GROUP OF DLA PIPER LLP (US)<br>ONE LIBERTY PLACE<br>1650 MARKET ST, SUITE 4900<br>PHILADELPHIA, PA 19103<br>UNITED STATES         TITLE<br>Belly Covering Garment         Image: Ima |                                                                             |                                            |                                    | Initials  |         | NJ     |    | 8 21     |                      |        | 1                 |  |  |
| ONE LIBERTY PLACE<br>1650 MARKET ST, SUITE 4900<br>PHILADELPHIA, PA 19103<br>UNITED STATES<br>TITLE<br>Belly Covering Garment<br>FILING FEE<br>RECEIVED<br>1572 FEES: Authority has been given in Paper<br>Noto charge/credit DEPOSIT ACCOUNT<br>Nofor following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS                                                                     |                                            |                                    |           |         |        |    |          |                      |        |                   |  |  |
| Belly Covering Garment         FILING FEE         RECEIVED         1572             FEES: Authority has been given in Paper         No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ONE LIBE<br>1650 MAE<br>PHILADE                                             | ERTY P<br>RKET S<br>ELPHI <mark>A</mark> , | PLACE<br>ST, SUITE 490<br>PA 19103 | ( )       |         |        |    |          |                      |        |                   |  |  |
| FILING FEE       FEES: Authority has been given in Paper         Noto charge/credit DEPOSIT ACCOUNT         1572             Image: Celved 1572             FEES: Authority has been given in Paper         Noto charge/credit DEPOSIT ACCOUNT         Image: Noto for following:             Image: Image: Noto charge/credit DEPOSIT ACCOUNT             Image: Im                                                                                                                                                                                                                                                                                                         | TITLE                                                                       |                                            |                                    |           |         |        |    |          |                      |        |                   |  |  |
| FILING FEE       FEES: Authority has been given in Paper         No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Belly Cov                                                                   | rering G                                   | arment                             |           |         |        |    |          |                      |        |                   |  |  |
| FILING FEE       FEES: Authority has been given in Paper         No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                            |                                    |           |         |        |    | 🗅 All Fe | es                   |        |                   |  |  |
| RECEIVED       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                            | A                                  |           |         |        |    | 🖵 1.16 F | ees (Fi              | ling)  |                   |  |  |
| 1572       No for following:       Image: 1.18 Fees (Issue)         Image: Other       Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                            |                                    |           |         |        | NT | 🖵 1.17 F | <sup>-</sup> ees (Pr | ocessi | ing Ext. of time) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                            |                                    |           |         |        |    | 🖵 1.18 F | ees (ls              | sue)   |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                            |                                    |           |         |        |    | C Other  |                      |        |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                            |                                    |           |         |        |    | Credit   | t                    |        |                   |  |  |

#### PART B - FEE(S) TRANSMITTAL

| Complete and send | l this form, | together with | applicable | fee(s), to |
|-------------------|--------------|---------------|------------|------------|
|-------------------|--------------|---------------|------------|------------|

# to: <u>Mail</u> Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This<br>appropriate. All further c<br>indicated unless correcter<br>maintenance fee notificati                                                                  | orrespondence includir<br>d below or directed oth                                                                                                    | or transmitting the ISSI<br>ng the Patent, advance o<br>nerwise in Block 1, by (                                               | JE FEE and PUBLICAT<br>rders and notification of r<br>a) specifying a new corres                                                              | ION FEE (if require<br>naintenance fees wil<br>spondence address; a                                               | ed). Blocks 1 through 5 si<br>1 be mailed to the current<br>nd/or (b) indicating a sepa                                                            | hould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                               |                                                                                                                                                      | ock 1 for any change of address)                                                                                               | Fee                                                                                                                                           | (s) Transmittal. This                                                                                             | certificate cannot be used f                                                                                                                       | r domestic mailings of the<br>or any other accompanying<br>nt or formal drawing, must                                                           |
|                                                                                                                                                                               | ST, SUITE 4900                                                                                                                                       |                                                                                                                                | I he<br>Stat<br>addı                                                                                                                          | Certi<br>reby certify that this<br>es Postal Service wit<br>ressed to the Mail                                    | ficate of Mailing or Trans                                                                                                                         | mission<br>deposited with the United<br>t class mail in an envelope<br>above, or being facsimile                                                |
|                                                                                                                                                                               | ,                                                                                                                                                    |                                                                                                                                |                                                                                                                                               |                                                                                                                   |                                                                                                                                                    | (Depositor's name)                                                                                                                              |
|                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                |                                                                                                                                               |                                                                                                                   |                                                                                                                                                    | (Signature)                                                                                                                                     |
|                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                |                                                                                                                                               |                                                                                                                   |                                                                                                                                                    | (Date)                                                                                                                                          |
| APPLICATION NO.                                                                                                                                                               | FILING DATE                                                                                                                                          |                                                                                                                                | FIRST NAMED INVENTOR                                                                                                                          |                                                                                                                   | ATTORNEY DOCKET NO.                                                                                                                                | CONFIRMATION NO.                                                                                                                                |
| 13/161,169                                                                                                                                                                    | 06/15/2011                                                                                                                                           |                                                                                                                                | Lisa A. Hendrickson                                                                                                                           |                                                                                                                   | DMC-10-1220CON1-RE                                                                                                                                 | 4878                                                                                                                                            |
| TITLE OF INVENTION:                                                                                                                                                           | BELLY COVERING C                                                                                                                                     | JARMENT                                                                                                                        |                                                                                                                                               |                                                                                                                   |                                                                                                                                                    |                                                                                                                                                 |
|                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                |                                                                                                                                               |                                                                                                                   |                                                                                                                                                    |                                                                                                                                                 |
|                                                                                                                                                                               |                                                                                                                                                      | ISSUE FEE DUE                                                                                                                  | PUBLICATION FEE DUE                                                                                                                           | PREV. PAID ISSUE                                                                                                  | FEE TOTAL FEE(S) DUE                                                                                                                               | DATE DUE                                                                                                                                        |
| APPLN. TYPE                                                                                                                                                                   | SMALL ENTITY<br>NO                                                                                                                                   | \$1740                                                                                                                         | \$0                                                                                                                                           | \$0                                                                                                               | \$1740                                                                                                                                             | 08/13/2012                                                                                                                                      |
| nonprovisional                                                                                                                                                                |                                                                                                                                                      |                                                                                                                                | • -                                                                                                                                           | چې<br>ا                                                                                                           | \$17 <del>1</del> 0                                                                                                                                | 00/15/2012                                                                                                                                      |
| EXAMI                                                                                                                                                                         |                                                                                                                                                      | ART UNIT                                                                                                                       | CLASS-SUBCLASS                                                                                                                                | J                                                                                                                 |                                                                                                                                                    |                                                                                                                                                 |
| HALE, GL                                                                                                                                                                      |                                                                                                                                                      | 3765                                                                                                                           | 002-237000                                                                                                                                    |                                                                                                                   |                                                                                                                                                    | distance -                                                                                                                                      |
| 1. Change of corresponder<br>CFR 1.363).                                                                                                                                      |                                                                                                                                                      |                                                                                                                                | <ol> <li>For printing on the p</li> <li>(1) the names of up to or agents OR, alternativ</li> </ol>                                            | 3 registered patent                                                                                               | attorneys <sup>1</sup> DLA Pip                                                                                                                     | per LLP (US)                                                                                                                                    |
| Change of correspo<br>Address form PTO/SB/                                                                                                                                    |                                                                                                                                                      |                                                                                                                                | (2) the name of a single<br>registered attorney or a                                                                                          | e firm (having as a n                                                                                             |                                                                                                                                                    |                                                                                                                                                 |
| "Fee Address" indic<br>PTO/SB/47; Rev 03-02<br>Number is required.                                                                                                            | cation (or recent) attache                                                                                                                           | ed. Use of a Customer                                                                                                          | 2 registered patent attorney of a<br>2 listed, no name will be                                                                                | rneys or agents. It no                                                                                            | name is 3                                                                                                                                          |                                                                                                                                                 |
|                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                | THE PATENT (print or typ                                                                                                                      |                                                                                                                   |                                                                                                                                                    |                                                                                                                                                 |
| PLEASE NOTE: Unle recordation as set forth                                                                                                                                    | ss an assignee is identi<br>in 37 CFR 3.11. Comp                                                                                                     | ified below, no assignee<br>detion of this form is NO                                                                          | data will appear on the pa<br>T a substitute for filing an                                                                                    | atent. If an assignee<br>assignment.                                                                              | is identified below, the do                                                                                                                        | ocument has been filed for                                                                                                                      |
| (A) NAME OF ASSIG                                                                                                                                                             |                                                                                                                                                      |                                                                                                                                | (B) RESIDENCE: (CITY                                                                                                                          |                                                                                                                   |                                                                                                                                                    |                                                                                                                                                 |
| Destinat                                                                                                                                                                      | ion Maternit                                                                                                                                         | y Corporation                                                                                                                  |                                                                                                                                               | Philadelpl                                                                                                        | nia, PA                                                                                                                                            |                                                                                                                                                 |
| Please check the appropria                                                                                                                                                    | ate assignee category or                                                                                                                             | categories (will not be pr                                                                                                     | inted on the patent): $\Box$                                                                                                                  | Individual 🏼 🖾 Corp                                                                                               | poration or other private gro                                                                                                                      | up entity Government                                                                                                                            |
| 4a. The following fee(s) as Issue Fee                                                                                                                                         | re submitted:                                                                                                                                        | 41                                                                                                                             | <ul> <li>Payment of Fee(s): (Plea</li> <li>A check is enclosed.</li> </ul>                                                                    | se first reapply any                                                                                              | previously paid issue fee s                                                                                                                        | shown above)                                                                                                                                    |
| Publication Fee (No                                                                                                                                                           | small entity discount p                                                                                                                              | permitted)                                                                                                                     | Payment by credit car                                                                                                                         | d. Form PTO-2038 is                                                                                               | attached.                                                                                                                                          |                                                                                                                                                 |
| Advance Order - # o                                                                                                                                                           |                                                                                                                                                      |                                                                                                                                | The Director is hereby overpayment, to Depo                                                                                                   | authorized to charge<br>sit Account Number                                                                        | the required fee(s), any dep<br>50-2719 (enclose an                                                                                                | ficiency, or credit any<br>a extra copy of this form).                                                                                          |
| 5. Change in Entity Statu                                                                                                                                                     |                                                                                                                                                      |                                                                                                                                |                                                                                                                                               |                                                                                                                   | ENTITY status. See 37 CF                                                                                                                           |                                                                                                                                                 |
|                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                |                                                                                                                                               |                                                                                                                   | ered attorney or agent; or th                                                                                                                      |                                                                                                                                                 |
| interest as snown by the re                                                                                                                                                   | cords of the Onned Stat                                                                                                                              | les Parent and Trademark                                                                                                       | Office.                                                                                                                                       |                                                                                                                   |                                                                                                                                                    | ,                                                                                                                                               |
| Authorized Signature                                                                                                                                                          |                                                                                                                                                      | /                                                                                                                              |                                                                                                                                               | Date <u>M</u> a                                                                                                   | iy 14, 2012                                                                                                                                        |                                                                                                                                                 |
| Typed or printed name                                                                                                                                                         |                                                                                                                                                      | 1                                                                                                                              |                                                                                                                                               | ÷                                                                                                                 | 35,703                                                                                                                                             |                                                                                                                                                 |
| This collection of informal<br>an application. Confidentis<br>submitting the completed<br>this form and/or suggestio<br>Box 1450, Alexandria, Vi<br>Alexandria, Virginia 2231 | tion is required by $37$ C<br>ality is governed by $35/$<br>application form to the<br>ins for reducing this bur<br>rginia 22313-1450. DO<br>3-1450. | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>rden, should be sent to th<br>NOT SEND FEES OR C | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indiv<br>e Chief Information Office<br>COMPLETED FORMS TO | etain a benefit by the<br>imated to take 12 mi<br>idual case. Any com<br>r. U.S. Patent and Tr<br>D THIS ADDRESS. | public which is to file (and<br>nutes to complete, includin,<br>ments on the amount of tin<br>ademark Office, U.S. Depa<br>SEND TO: Commissioner f | by the USPTO to process)<br>g gathering, preparing, and<br>re you require to complete<br>rtment of Commerce, P.O.<br>or Patents, P.O. Box 1450, |

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| Electronic Ac                        | knowledgement Receipt                  |
|--------------------------------------|----------------------------------------|
| EFS ID:                              | 12768348                               |
| Application Number:                  | 13161169                               |
| International Application Number:    |                                        |
| Confirmation Number:                 | 4878                                   |
| Title of Invention:                  | BELLY COVERING GARMENT                 |
| First Named Inventor/Applicant Name: | Lisa A. Hendrickson                    |
| Customer Number:                     | 35811                                  |
| Filer:                               | Thomas Daniel Christenbury/Carol Coney |
| Filer Authorized By:                 | Thomas Daniel Christenbury             |
| Attorney Docket Number:              | DMC-10-1220CON1-RE                     |
| Receipt Date:                        | 14-MAY-2012                            |
| Filing Date:                         | 15-JUN-2011                            |
| Time Stamp:                          | 13:56:05                               |
| Application Type:                    | Utility under 35 USC 111(a)            |

# Payment information:

| Submitted with Payment                                                                                                       | yes                                                                                                            |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Payment Type                                                                                                                 | Deposit Account                                                                                                |  |  |  |  |  |  |  |
| Payment was successfully received in RAM                                                                                     | \$1740                                                                                                         |  |  |  |  |  |  |  |
| RAM confirmation Number                                                                                                      | 310                                                                                                            |  |  |  |  |  |  |  |
| Deposit Account                                                                                                              | 502719                                                                                                         |  |  |  |  |  |  |  |
| Authorized User                                                                                                              |                                                                                                                |  |  |  |  |  |  |  |
| The Director of the USPTO is hereby authorized to charg                                                                      | The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows: |  |  |  |  |  |  |  |
| Charge any Additional Fees required under 37 C.F.R. Section 1.16 (National application filing, search, and examination fees) |                                                                                                                |  |  |  |  |  |  |  |
| Charge any Additional Fees required under 37 C.F.R. Section 1.17 (Patent application and reexamination pressing feorporation |                                                                                                                |  |  |  |  |  |  |  |

| Charge                                                                                                                                                                                                                         | any Additional Fees required under 37 C.F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R. Section 1.21 (Miscellaneous fe                                                                                                                                                                                                                                                                                                                       | ees and charges)                                                                                                                                                                                                                   |                                                                                                      |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| File Listing                                                                                                                                                                                                                   | <b>j</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                      |                                                                         |
| Document<br>Number                                                                                                                                                                                                             | <b>Document Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | File Name                                                                                                                                                                                                                                                                                                                                               | File Size(Bytes)/<br>Message Digest                                                                                                                                                                                                | Multi<br>Part /.zip                                                                                  | Pages<br>(if appl.)                                                     |
| 1                                                                                                                                                                                                                              | Issue Fee Deument (DTO 95P)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         | 162926                                                                                                                                                                                                                             |                                                                                                      | 1                                                                       |
| I                                                                                                                                                                                                                              | lssue Fee Payment (PTO-85B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FormPTOL85.pdf                                                                                                                                                                                                                                                                                                                                          | 8691f3e1592f23dbda43631bac21f73096b0<br>86b3                                                                                                                                                                                       | no                                                                                                   | I                                                                       |
| Warnings:                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                                                                                                  |                                                                                                      |                                                                         |
| Information:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                      |                                                                         |
| 2                                                                                                                                                                                                                              | Miscellaneous Incoming Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | transmittalletter.pdf                                                                                                                                                                                                                                                                                                                                   | 58875                                                                                                                                                                                                                              | no                                                                                                   | 1                                                                       |
| 2                                                                                                                                                                                                                              | Miscellaneous incoming Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | transmittanetter.pu                                                                                                                                                                                                                                                                                                                                     | 5379e287f403d4b39dce12d45168bf0abc9<br>9785b                                                                                                                                                                                       | 110                                                                                                  | I                                                                       |
| Warnings:                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    | •                                                                                                    |                                                                         |
| Information:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                      |                                                                         |
| 3                                                                                                                                                                                                                              | Fee Worksheet (SB06)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | fee-info.pdf                                                                                                                                                                                                                                                                                                                                            | 30344                                                                                                                                                                                                                              | no                                                                                                   | 2                                                                       |
| 5                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | bb32824f41b8566181240b3b906a42084e<br>b69a27                                                                                                                                                                                                                                                                                                            | 110                                                                                                                                                                                                                                | 2                                                                                                    |                                                                         |
| Warnings:                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                      |                                                                         |
| Information:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |                                                                                                      |                                                                         |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total Files Size (in bytes                                                                                                                                                                                                                                                                                                                              | <b>s):</b> 25                                                                                                                                                                                                                      | 52145                                                                                                |                                                                         |
| characterized<br>Post Card, as<br><u>New Applicat</u><br>If a new appli<br>1.53(b)-(d) an<br>Acknowledge<br><u>National Stag</u><br>If a timely sub<br>U.S.C. 371 an<br>national stag<br><u>New Internat</u><br>If a new inter | edgement Receipt evidences receip<br>I by the applicant, and including pay<br>described in MPEP 503.<br><u>ions Under 35 U.S.C. 111</u><br>cation is being filed and the applica<br>id MPEP 506), a Filing Receipt (37 CF<br>ement Receipt will establish the filin<br><u>te of an International Application ur</u><br>pmission to enter the national stage<br>d other applicable requirements a F<br>e submission under 35 U.S.C. 371 wi<br>ional Application Filed with the USP<br>national application is being filed an<br>nal filing date (see PCT Article 11 an<br>gernational Filing Date (Form PCT/R | ge counts, where applicable<br>tion includes the necessary<br>R 1.54) will be issued in due<br>g date of the application.<br><u>Inder 35 U.S.C. 371</u><br>of an international applica<br>orm PCT/DO/EO/903 indica<br>ill be issued in addition to t<br><u>TO as a Receiving Office</u><br>and the international applica<br>d MPEP 1810), a Notificatio | e. It serves as evidence<br>r components for a filin<br>e course and the date s<br>ation is compliant with t<br>iting acceptance of the<br>he Filing Receipt, in du<br>ation includes the nece<br>on of the International <i>i</i> | of receipt s<br>g date (see<br>hown on th<br>the condition<br>e course.<br>ssary comp<br>Application | imilar to a<br>37 CFR<br>is<br>ons of 35<br>as a<br>onents fo<br>Number |

| Electronic Patent Application Fee Transmittal |                                        |                  |          |        |                         |  |  |  |  |
|-----------------------------------------------|----------------------------------------|------------------|----------|--------|-------------------------|--|--|--|--|
| Application Number:                           | 13161169                               |                  |          |        |                         |  |  |  |  |
| Filing Date:                                  | 15-Jun-2011                            |                  |          |        |                         |  |  |  |  |
| Title of Invention:                           | BELLY COVERING GARMENT                 |                  |          |        |                         |  |  |  |  |
| First Named Inventor/Applicant Name:          | Lisa A. Hendrickson                    |                  |          |        |                         |  |  |  |  |
| Filer:                                        | Thomas Daniel Christenbury/Carol Coney |                  |          |        |                         |  |  |  |  |
| Attorney Docket Number:                       | DN                                     | 1C-10-1220CON1-R | Ξ        |        |                         |  |  |  |  |
| Filed as Large Entity                         |                                        |                  |          |        |                         |  |  |  |  |
| Utility under 35 USC 111(a) Filing Fees       |                                        |                  |          |        |                         |  |  |  |  |
| Description                                   |                                        | Fee Code         | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |  |  |
| Basic Filing:                                 |                                        |                  |          |        |                         |  |  |  |  |
| Pages:                                        |                                        |                  |          |        |                         |  |  |  |  |
| Claims:                                       |                                        |                  |          |        |                         |  |  |  |  |
| Miscellaneous-Filing:                         |                                        |                  |          |        |                         |  |  |  |  |
| Petition:                                     |                                        |                  |          |        |                         |  |  |  |  |
| Patent-Appeals-and-Interference:              |                                        |                  |          |        |                         |  |  |  |  |
| Post-Allowance-and-Post-Issuance:             |                                        |                  |          |        |                         |  |  |  |  |
| Utility Appl issue fee                        |                                        | 1501             | 1        | 1740   | 1740                    |  |  |  |  |
| Extension-of-Time:                            |                                        |                  |          | Targ   | et Corporation          |  |  |  |  |

| Description    | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |
|----------------|----------|----------|--------|-------------------------|
| Miscellaneous: |          |          |        |                         |
|                | Tot      | 1740     |        |                         |

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Art Unit   | : 3765                  | Customer No. 035811            |
|------------|-------------------------|--------------------------------|
| Examiner   | : Gloria M. Hale        |                                |
| Serial No. | : 13/161,169            | Docket No.: DMC-10-1220CON1-RE |
| Filed      | : June 15, 2011         |                                |
| Inventor   | : Lisa A. Hendrickson   |                                |
|            | : James H. Gardner, III |                                |
|            | : Richard Adelman       | Confirmation No.: 4878         |
| Title      | : BELLY COVERING        | Not. of Allow.: 05/11/12       |
|            | : GARMENT               | Date: May 14, 2012             |

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants submit herewith Form PTOL-85B.

The Commissioner is authorized to charge the \$1740.00 fee to Deposit Account No. 50-

2719 to cover the fee for payment of the issue fee.

The Commissioner is also authorized to charge any additional fees to Deposit Account

No. 50-2719.

Respectfully submitted, Paul A.) Taufer Reg. No. 35,703

PAT/cc (215)656-3385

|                      | Application/Control No. | Applicant(s)/Patent Under Reexamination |
|----------------------|-------------------------|-----------------------------------------|
| Issue Classification | 13161169                | HENDRICKSON ET AL.                      |
|                      | Examiner                | Art Unit                                |
|                      | GLORIA HALE             | 3765                                    |

| ORIGINAL |       |            |         |           | INTERNATIONAL CLASSIFICATION |   |   |   |   |                     |   |   | ON |      |                      |
|----------|-------|------------|---------|-----------|------------------------------|---|---|---|---|---------------------|---|---|----|------|----------------------|
|          | CLASS |            | ę       | SUBCLASS  |                              |   |   |   | С | LAIMED              |   |   | N  | ION- | CLAIMED              |
| 2        |       |            | 237     |           |                              | А | 4 | 1 | D | 1 / 06 (2006.01.01) | А | 4 | 1  | D    | 13 / 00 (2006.01.01) |
|          | CR    | OSS REFI   | ERENCE( | S)        |                              |   |   |   |   |                     |   |   |    |      |                      |
| CLASS    | SUB   | CLASS (ONE | SUBCLAS | S PER BLO | CK)                          |   |   |   |   |                     |   |   |    |      |                      |
| 2        | 236   | 227        |         |           |                              |   |   |   |   |                     |   |   |    |      |                      |
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|          |       |            |         |           |                              |   |   |   |   |                     |   |   |    |      |                      |

| $\boxtimes$ | Claims renumbered in the same order as presented by applicant |       |          |       |          |       | 🗌 CPA 🖾 T.D. |       |          | C     | 🗌 R.1.47 |       |          |       |         |
|-------------|---------------------------------------------------------------|-------|----------|-------|----------|-------|--------------|-------|----------|-------|----------|-------|----------|-------|---------|
| Final       | Original                                                      | Final | Original | Final | Original | Final | Original     | Final | Original | Final | Original | Final | Original | Final | Origina |
|             | 1                                                             |       | 17       |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 2                                                             |       | 18       |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 3                                                             |       | 19       |       |          |       |              |       |          |       |          |       |          |       |         |
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|             | 6                                                             |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 7                                                             |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 8                                                             |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 9                                                             |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 10                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 11                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 12                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 13                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 14                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 15                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |
|             | 16                                                            |       |          |       |          |       |              |       |          |       |          |       |          |       |         |

| NONE                                            | Total Claims Allowed: |                     |                   |  |
|-------------------------------------------------|-----------------------|---------------------|-------------------|--|
| (Assistant Examiner)                            | (Date)                | 2                   | 1                 |  |
| /GLORIA HALE/<br>Primary Examiner.Art Unit 3765 | 1-16-12               | O.G. Print Claim(s) | O.G. Print Figure |  |
| (Primary Examiner)                              | (Date)                | 17                  | 3                 |  |

U.S. Patent and Trademark Office

Part of Paper No. 20120613





| [ | APPLICATION NO. | ISSUE DATE | PATENT NO. | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|------------|------------|---------------------|------------------|
|   | 13/161,169      | 08/07/2012 | RE43563    | DMC-10-1220CON1-RE  | 4878             |

35811 7590 07/18/2012 IP GROUP OF DLA PIPER LLP (US) ONE LIBERTY PLACE 1650 MARKET ST, SUITE 4900 PHILADELPHIA, PA 19103

# **ISSUE NOTIFICATION**

The projected patent number and issue date are specified above.

## Determination of Patent Term Extension or Adjustment under 35 U.S.C. 154 (b)

A reissue patent is for "the unexpired part of the term of the original patent." See 35 U.S.C. 251. Accordingly, the above-identified reissue application is not eligible for Patent Term Extension or Adjustment under 35 U.S.C. 154(b).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Application Assistance Unit (AAU) of the Office of Data Management (ODM) at (571)-272-4200.

APPLICANT(s) (Please see PAIR WEB site http://pair.uspto.gov for additional applicants):

Lisa A. Hendrickson, Mount Laurel, NJ; James H. Gardner III, Ambler, PA; Richard Adelman, Greensboro, NC;

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