

U.S. PTO
12/460941

07/27/2009

PTO/SB/05 (08-08)

Approved for use through 06/30/2010. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	ASD10554P0070US
First Inventor	Gerald Horn
Title	Preferential Vasoconstriction...
Express Mail Label No.	EV 955717223 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. **Fee Transmittal Form** (e.g., PTO/SB/17)
2. **Applicant claims small entity status.**
See 37 CFR 1.27.
3. **Specification** [Total Pages 49]
Both the claims and abstract must start on a new page
(For information on the preferred arrangement, see MPEP 608.01(a))
4. **Drawing(s)** (35 U.S.C. 113) [Total Sheets 7]
5. **Oath or Declaration** [Total Sheets 2]
 - a. Newly executed (original or copy)
 - b. A copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. **Application Data Sheet.** See 37 CFR 1.76
7. **CD-ROM or CD-R** in duplicate, large table or
Computer Program (Appendix)
 Landscape Table on CD
8. **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, items a. - c. are required)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statements verifying identity of above copies

- ### ACCOMPANYING APPLICATION PARTS
9. **Assignment Papers** (cover sheet & document(s))
Name of Assignee Alpha Synergy Development, Inc.
 10. **37 CFR 3.73(b) Statement** **Power of Attorney**
(when there is an assignee)
 11. **English Translation Document** (if applicable)
 12. **Information Disclosure Statement** (PTO/SB/08 or PTO-1449)
 Copies of citations attached
 13. **Preliminary Amendment**
 14. **Return Receipt Postcard** (MPEP 503)
(Should be specifically itemized)
 15. **Certified Copy of Priority Document(s)**
(if foreign priority is claimed)
 16. **Nonpublication Request** under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or equivalent.
 17. **Other: Petition to Accept Color Drawings or**
Photographs

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: _____ Art Unit: _____

19. CORRESPONDENCE ADDRESS

The address associated with Customer Number: 32116 OR Correspondence address below

Name	Wood Phillips Katz Clark & Mortimer				
Address	500 West Madison Street				
City	Chicago	State	Illinois	Zip Code	60661
Country	US	Telephone	(312) 876-1800	Email	docketing@woodphillips.com

Signature		Date	July 27, 2009
Name (Print/Type)	Mark Polyakov	Registration No. (Attorney/Agent)	54,377

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2009****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Gerald Horn
Examiner Name	
Art Unit	
Attorney Docket No.	ASD10554P00070US

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 765

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 23-0785 Deposit Account Name: Wood/Phillips

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	545
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims	Extra Claims	Fee (\$)
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Indep. Claims	Extra Claims	Fee (\$)
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3. APPLICATION SIZE FEE

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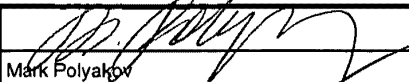
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 54,377	Telephone (312) 876-2110
Name (Print/Type)	Mark Polyakov		Date July 27, 2009

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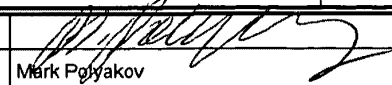
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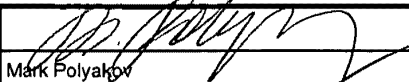
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Name (Print/Type)	Mark Polyakov		Date July 27, 2009

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

APPLICATION DATA SHEET
(Inventor(s) With Representation)

Inventor Information

Inventor One, Given Name: Gerald
Family Name: HORN
Postal Address Line One: 1150 Heather Road
Postal Address Line Two:
City: Deerfield
State or Province: Illinois
Postal or Zip Code: 60015
Citizenship Country: United States

Correspondence Information

Correspondence Customer Number: 32116
Name Line One: Wood, Phillips, Katz, Clark & Mortimer
Address Line One: Citigroup Center, Suite 3800
Address Line Two: 500 West Madison Street
City: Chicago
State or Province: Illinois
Postal Or Zip Code: 60661
Telephone: 312-876-1800
Facsimile: 312-876-2020

Application Information

This Application is a: Utility
Title Line One: Preferential Vasoconstriction Compositions
Title Line Two: and Methods of Use
Total Drawing Sheets: 7
Docket Number: ASD10554P00070US

Claiming Priority of: US Provisional Application No. 61/137,714
filed August 1, 2008;
US Provisional Application No. 61/192,777
filed September 22, 2008;
US Provisional Application No.61/203,120
filed December 18, 2008; and
US Provisional Application No. 61/207,481
filed February 12, 2009

Representative Information

Registration Number One: 54,377

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