U.S. PTO 12/460941

07/27/2009

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

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

(Only for flew hortprovisional applications under 37 CPR 1.53(b))				Express Mail Label	No.			
See MPEP o	APPLICATION ELEMENT chapter 600 concerning utility patent app	Commissioner for Patents ADDRESS TO: P.O. Box 1450 Alexandria VA 22313-1450						
1. Fee Tra	ansmittal Form (e.g., PTO/SB/17)	ACCOMPANYING APPLICATION PARTS						
	ant claims small entity status. 7 CFR 1.27.	9. Assignment Papers (cover sheet & document(s))						
3. Specifi	ication [Total Pages_ e claims and abstract must start on a ne	Name of Assignee Alpha Synergy Development, Inc.						
	nmation on the preferred arrangement, see MPng(s) (35 U.S.C. 113) [Total Shee							
	wly executed (original or copy)	eets <u>2</u>]	10. 37 CFR 3.73(b) Statement Power of Attorney				
<u>(f</u> or	copy from a prior application (37 CF r continuation/divisional with Box 18			11. English To	ranslatio	on Documen	t (if applicable)	
	<u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting invename in the prior application, see 37 CF 1.63(d)(2) and 1.33(b).					osure Staten citations attac	nent (PTO/SB/08 or PTO-1449) hed	
6. 🗸 Åpplic	cation Data Sheet. See 37 CFR 1.1	76		13. Prelimina	ry Amen	dment		
Çomp	DM or CD-R in duplicate, large table outer Program (<i>Appendix)</i> .andscape Table on CD	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
Nucleotide and/or Amino Acid Sequence Submission (if applicable, items a. – c. are required)				15. Certified Copy of Priority Document(s) (If foreign priority is claimed)				
	Computer Readable Form (CRF) Specification Sequence Listing on: ——	16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or equivalent.						
i. L ii. [CD-ROM or CD-R (2 copies); Paper	17. Other: Pet	ition to A	.ccept Color [Orawings or			
с. 🗀	Statements verifying identity of abo	ove copies		Photograp	hs			
	NUING APPLICATION, check appr llowing the title, or in an Application				nation be	elow and in th	e first sentence of the	
Contin	nuation Divisional		Continua	ation-in-part (CIP)	of prior a	pplication No.:		
Prior application is	information: Examiner_				Art Unit: _			
		19. CORRES	SPON	DENCE ADDRESS				
The address	ss associated with Customer Number:		321	16	or	Corre	spondence address below	
Name Wood Phillips Katz Clark & Mortimer								
Address	Address 500 West Madison Street							
City Chicago State			Ilinois Zip Code 60661		60661			
Country US Telephone			(312) 876-1800		Email	docketing@woodphillips.com		
Signature	MARINE		Date	July 27, 200				
Name (Print/Type)	I Mark Popyakov 154 377							
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Effective on 12/08/2004.		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number					
FEE TRANSMITTAL				Filing Date				
For FY 2009			First Named Inventor	Gerald F	lorn			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name					
			Art Unit					
TOTAL AMOUN	IT OF PAYMENT	(\$)	765	Attorney Docket No.	ASD105	54P00070	us	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit A	Deposit Account Deposit Account Number: 23-0785 Deposit Account Name: Wood/Phillips							
For the a	bove-identified dep	osit account, the	Director is he	reby authorized to: (che	ck all that ap	oply)		
Ch	arge fee(s) indicate	ed below		Charge fee	s) indicated	below, exce	ept for the filing fee	
	arge any additiona		payments of fe	ee(s) Credit any	overpaymen	ts		
WARNING: Informa		ay become public	c. Credit card in	formation should not be	ncluded on ti	his form. Pro	vide credit card	
FEE CALCUL	athorization on PTO-	2038.						
		ND EVARIATA	TION EEEO					
1. BASIC FILII	NG, SEARCH, AI FILII	ND EXAMINA NG FEES		RCH FEES EX	OITANIMA	N FEES		
Application	Type Fee (Small Entity Shall Entity		Small Entity	Smal	I Entity	Fees Paid (\$)	
Utility	330	165	540			<u>e (\$)</u> 10	545	
Design	220	110	100			70		
Plant	220	110	330			35		
Reissue	330	165	540			25		
Provisional	220	110	0	0	0	0		
2. EXCESS C							Small Entity	
<u>Fee Descripti</u> Each claim	<u>on</u> over 20 (includin	g Reissues)				52	<u>Fee (\$)</u> 26	
Each indepe	endent claim over		Reissues)			220	110	
	pendent claims					390	195	
Total Claims	<u>Extra (</u> 20 or HP = 0		<u>e (\$) </u>	e Paid (\$)		<u>lultiple Dep</u> Fee (\$)	endent Claims Fee Paid (\$)	
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Indep. Claims	Extra C B or HP = 2		e (\$) Fee 10 =	<u>e Paid (\$)</u> 220				
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 49 - 100 = 0 / 50 = (round up to a whole number) x =								
4. OTHER FEE					•		Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY		Date.						
Signature	11.11	WUI/V		Registration No. 54,37 (Attorney/Agent)	7	Telephone	(312) 876-2110	
Name (Print/Type)	Mark Polyakov					Date July	27,2009	

This collection of information is required by 37 CFR 1.136. 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 1.14. This collection is estimated to take 30 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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	NUING APPLICATION, check appr llowing the title, or in an Application				nation be	elow and in th	e first sentence of the	
Contin	nuation Divisional		Continua	ation-in-part (CIP)	of prior a	pplication No.:		
Prior application is	information: Examiner_				Art Unit: _			
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APPLICATION DATA SHEET

(Inventor(s) With Representation)

Inventor Information

Inventor One, Given Name:

Family Name:

Gerald HORN

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State or Province: Postal or Zip Code: Citizenship Country: Illinois 60015

United States

Correspondence Information

Correspondence Customer Number:

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Address Line One: Address Line Two:

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City:

Chicago

State or Province: Postal Or Zip Code: Illinois 60661

Telephone:

312-876-1800

Facsimile:

312-876-2020

Application Information

This Application is a:

Utility

Title Line One: Title Line Two: Preferential Vasoconstriction Compositions

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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