U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Claims C	REISSUE APPLICATION FEE TRANSMITTAL FORM										Docket Number (Optional) CA0006				
Claims Claims Petert Reise Raise R	Application as Filed – Part 1														
Total Claims (37 CRT 1.16(i))		Claims in	Claims Filed in Reissue	}											
Application Size Fee (37 CFR 1.16(a)) (18	ž	(A) 37		**	_{**} 95	==	х	=				_x 60	=	5700	
Application Size Fee (37 CFR 1.16(s)) Total Claims (37 CFR 1.		(C) 4					х	=				×250) =	3250	
Search Fee (37 CFR 1.16(n)) Examination Fee (37 CFR 1.16(n)) Extra Total Claims Remaining After Amendment Previously Paid For Previously Present Previously Prese	Application Size If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$310 (\$155 for small entity) for (37 CFR 1.16(s)) each additional 50 sheets or fraction thereof. See 35 U.S.C.										or				
Examination Fee (37 CFR 1.16(r)) Total Filing Fee Total Fee T											38				
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Application as Amended — Part 2 (2) (3) Claims (Amendment) (3) After Amendment (3) Application is a see and or a state of the state	Examination Fee (37 CFR 1.16(r))														
Claims Remaining After Amendment Highest Number Previously Paid For Extra Rate (\$) Fee (\$) Rate (\$) Fee (\$)	Total Filing Fee													10700	
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Claims (37 CFR 1.16(h)) **** MINUS ****** =		***	MINUS	**		=		х	==			×	22		
Application Size Fee (37 CFR 1.16(s)) If the specification and drawings exceed 100 sheets of paper, the application application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Additional Fee * Enter (D) minus 3, or enter "0" if (D) is less than 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, enter "20" in this space. ** After any cancellation of claims. ** Enter (B) = 20, or enter "0" if (B) is less than 20. ** Enter (B) = 20, or enter "0" if (B) is less than 20. ** Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No	Claims (37 CFR	Claims (37 CFR *** MINUS		****		=		×	=		o	r x	=		
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If the "Highest Number of Total Claims Previously Paid For" is less than 20, enter "20" in this space. After any cancellation of claims. Enter (B) — 20, or enter "0" if (B) is less than 20. If the "Highest Number of Independent Claims Previously Paid For" is less than 3, enter "3" in this space. Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No	Total Additional Fe							ee							
credit any overpayment to Deposit Account No. A check in the amount of \$	If the "Highest Number of Total Claims Previously Paid For" is less than 20, enter "20" in this space. After any cancellation of claims. Enter (B) – 20, or enter "0" if (B) is less than 20. If the "Highest Number of Independent Claims Previously Paid For" is less than 3, enter "3" in this space. Applicant claims small entity status. See 37 CFR 1.27.														
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