

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

13579796

Filing Date

Applicant(s) **Jatin Patel**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1		1							
2	1		1							
3		2		1						
4		1		1						
5		1		1						
6		(1)		1						
7		(1)		1						
8		(1)		1						
9		1		1						
10		1		1						
11		(1)		1						
12		(1)		1						
13		(1)		1						
14		(1)	---	---						
15		(1)	---	---						
16		(1)		1						
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Total Indep	2		2		0					
Total Depend	17		21		0					
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