

**PROVISIONAL APPLICATION FOR PATENT COVER SHEET**  
**This is a request for filing a PROVISIONAL APPLICATION FOR PATENT**  
**under 37 CFR 1.53(c).**

ATTORNEY DOCKET NUMBER
RUTHERFORD-035-PROV

TITLE OF THE INVENTION (280 characters max)
Result Fusion System for Comprehensive Security Assessment

INVENTOR(S)	
Given Name (first and middle if any):	Brian
Family Name or Surname:	Rutherford
Residence (City and either State or Foreign Country):	Wimberley, TX
Mailing Address:	6 Country Place Drive

CORRESPONDENCE ADDRESS
<input checked="" type="checkbox"/> The address associated with Customer Number: 210482
<input type="checkbox"/> Firm or Individual Name: _____
Address: 6 Country Place Drive
City: Wimberley State: Texas ZIP: 78676-3114
Country: US
Telephone: (512)648-0219
Email: Actual@ScrappinR.com

ENCLOSED APPLICATION PARTS (check all that apply)
<input checked="" type="checkbox"/> Specification (Number of Pages: ____)
<input checked="" type="checkbox"/> Drawing(s) (Number of Sheets: 3)
<input type="checkbox"/> CD(s), Number of CDs: ____
<input checked="" type="checkbox"/> Application Data Sheet (ADS). See 37 CFR 1.76
<input checked="" type="checkbox"/> Other: Micro Entity Status Certification

FEES CALCULATION (37 CFR 1.16)	
Basic Filing Fee (37 CFR 1.16(k)) - Micro Entity	\$65.00
<b>TOTAL FEES DUE</b>	<b>\$65.00</b>

METHOD OF PAYMENT (check one)
<input type="checkbox"/> A check or money order is enclosed
<input type="checkbox"/> The Director is authorized to charge my Deposit Account Number: _____
<input type="checkbox"/> The Director is authorized to charge the filing fees to Credit Card
<input checked="" type="checkbox"/> Payment by EFS-Web

SIGNATURE	
Signature:	/Brian Rutherford/
Name (Print/Type):	Brian Rutherford

Date:	08/27/2025
Registration No. (if applicable):	N/A
Telephone:	(512)648-0219
<input checked="" type="checkbox"/> Applicant	<input type="checkbox"/> Patent Practitioner