

**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-027-PROV    |

| TITLE OF THE INVENTION (280 characters max)                   |
|---|
| Agent Transport Network Architecture for Secure Data Transfer |

| 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   |
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| 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 |