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BIB DATA SHEET

CONFIRMATION NO. 2690

SERIAL NUMBE	R FILING O		371(c) CLASS		GROUP ART UNIT		ATTORNEY DOCKET			
11/841,967	08/20/2	_		604	3761			GLAUKO.1C4C10		
	RUL	E								
Morteza (Mo ** CONTINUING I This applica which	tion is a CON of a is a CON of 09/5	Marino, CA 10/395,631 49,350 04	* 03/21 /14/200	00 PAT 6,638,23						
** FOREIGN APPLICATIONS ************************************										
	C 119(a-d) conditions met Yes No		ter ance	STATE OR COUNTRY		EETS WINGS	TOTAL CLAIMS		INDEPENDENT CLAIMS	
Verified and /ADAM M MARCETICH/ Acknowledged Examiner's Signature		Initials		CA		7	15		3	
ADDRESS KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES										
TITLE										
THERAPEUTIC SHUNT DEVICE AND METHOD FOR TREATING GLAUCOMA										
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT					☐ All Fees				
 						☐ 1.16 Fees (Filing)				
						☐ 1.17 Fees (Processing Ext. of time)				
425 No) fo		1.18 Fees (Issue)							
Other										
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