

17712 U.S. PTO  
092606

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	006777.00085
First Inventor	Naoya KAMIMURA
Title	Developing Cartridge, Process Carriage, and Image Forming Apparatus
Express Mail Label No.	

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ **Fee Transmittal Form (e.g., PTO/SB/17)**  
(Submit an original and a duplicate for fee processing)
2. ☐ **Applicant claims small entity status.**  
See 37 CFR 1.27.
3. ☒ **Specification** [Total Pages 84]  
Both the claims and abstract must start on a new page  
(For information on the preferred arrangement, see MPEP 608.01(a))
4. ☒ **Drawing(s) (35 U.S.C. 113)** [Total Sheets 12]  
☐ Formal ☒ Informal
5. **Oath or Declaration** [Total Sheets 3]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ **Application Data Sheet.** See 37 CFR 1.76
7. ☐ **CD-ROM or CD-R** in duplicate, large table or  
Computer Program (Appendix)  
☐ Landscape Table on CD
8. **Nucleotide and/or Amino Acid Sequence Submission**  
(if applicable, items a.-c. are required)  
a. ☐ Computer Readable Form (CRF)  
b. **Specification Sequence Listing on:**  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ Paper  
c. ☐ Statements verifying identity of above copies

**ADDRESS TO:** Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

## ACCOMPANYING APPLICATIONS PARTS

9. ☒ **Assignment Papers** (cover sheet & document(s))  
Name of Assignee Brother Kogyo Kabushiki Kaisha
10. ☐ **37 C.F.R. 3.73(b) Statement** ☐ **Power of Attorney**  
(when there is an assignee)
11. ☐ **English Translation Document** (if applicable)
12. ☒ **Information Disclosure Statement** (PTO/SB/08 or PTO-1449)  
☒ Copies of citations attached
13. ☐ **Preliminary Amendment**
14. ☒ **Return Receipt Postcard** (MPEP 503)  
(Should be specifically itemized)
15. ☒ **Certified Copy of Priority Document(s)**  
(if foreign priority is claimed)
16. ☐ **Nonpublication Request** under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ **Other:**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

## 19. CORRESPONDENCE ADDRESS

☒ **Customer Number** 30755 OR ☐ **Correspondence address below**

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Signature	/Christopher R. Glembocki	Date	September 26, 2006
Name (Print/Type)	Christopher R. Glembocki	Registration No. (Attorney/Agent)	38,800

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1200

**Complete if Known**

Application Number	TBA
Filing Date	September 26, 2006
First Named Inventor	Naoya KAMIMURA
Examiner Name	TBA
Art Unit	TBA
Attorney Docket No.	006777.00085

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	1000
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
11	- 20 or HP= 0	x N/A	= N/A

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
4	- 3 or HP= 1	x 200	= 200

HP = highest number of independent claims paid for, if greater than 3.

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	N/A	N/A

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 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 Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
96	- 100 = 0 / 50 =	0 (round up to a whole number)	x N/A	= N/A

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : \_\_\_\_\_

**SUBMITTED BY**

Signature	/Christopher R. Glembocki/	Registration No. (Attorney/Agent)	38,800	Telephone	202-824-3184
Name (Print/Type)	Christopher R. Glembocki	Date	September 26, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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