

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(ONLY FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 CFR 1.53(B))</small>		Attorney Docket No. PSD-00102	First Inventor Robert J. Ledoux	
		Title	METHODS AND SYSTEMS FOR DETERMINING THE AVERAGE ATOMIC NUMBER AND MASS OF MATERIALS	
		Electronically Filed		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	Commissioner for Patents ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

<ol style="list-style-type: none"> 1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>39</u>] <small>Both the claims and abstract must start on a new page (For information on the preferred arrangement, see MPEP 608.01(a))</small> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>5</u>] 5. Oath or Declaration [Total Sheets <u> </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) <input type="checkbox"/> Landscape Table on CD 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, items a. – c. are required)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 	ACCOMPANYING APPLICATION PARTS <ol style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) Name of Assignee <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1449) <input type="checkbox"/> Copies of citations attached 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or equivalent.</small> 17. <input checked="" type="checkbox"/> Other: Powers of Attorney <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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:			
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: <u>11/177,758</u>	Prior application information: Examiner <u>Courtney D. Thomas</u>	Art Unit: <u>2882</u>

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> The address associated with Customer Number: <u>25181</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Email Address	
Signature	/Stephen B. Deutsch/		Date
Name (Print/Type)	Stephen B. Deutsch		Registration No. (Attorney/Agent)
			46,663

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: September 12, 2007	Electronic Signature for Stephen B. Deutsch: /Stephen B. Deutsch/