

083006

14230 U.S. PTO

PTO/SB/05 (05-05)

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	015114-063920US
First Inventor	van Antwerpen, Babette
Title	REGISTER RETIMING TECHNIQUE
Express Mail Label No.	EV 724266673 US

## 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 48]  
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 14]
5. **Oath or Declaration** [Total Sheets 1]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ A 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)**
    - i. ☐ Computer Readable Form (CRF)
    - ii. ☐ Transfer Request (37 CFR 1.821(e))
  - 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 APPLICATION PARTS

9. ☒ **Assignment Papers**  
Name of Assignee ALTERA CORPORATION
10. ☒ **37 CFR 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 foreign patent documents,  
publications, & other information
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:

<input type="checkbox"/> Continuation	<input checked="" type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: <u>10/446,850</u>
Prior application information: Examiner <u>Paul Dinh</u>		Art Unit: <u>2825</u>	

## 19. CORRESPONDENCE ADDRESS

☒ The address associated with Customer Number: **26059** OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Email Address

Signature

Date

August 30, 2006

Name  
(Print/Type)

C. Bart Sullivan

Registration No.  
(Attorney/Agent)

41,516

60857806 v1

113006 U.S. PTO  
11/513450

083006

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

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1000

**Complete if Known**

Application Number	
Filing Date	Herewith
First Named Inventor	van Antwerpen, Babette
Examiner Name	
Art Unit	
Attorney Docket No.	015114-063920US

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

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) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**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** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	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

	Small Entity
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10	-20 or HP = 0	x \$50	= \$0

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

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	-3 or HP = 0	x \$200	= \$0

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

**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).

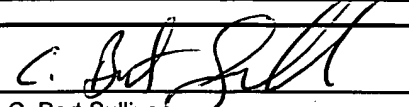
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

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

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

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	41,516	Telephone	415-576-0200
Name (Print/Type)	C. Bart Sullivan			Date	August 30, 2006