Filing Date: 11/21/07

Mixed kappa/mu opioids and uses thereofApproved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 11/944,150			
APPLICATION AS FILED - PART I (Column 1) (Column 2)						SMAL	L ENTITY_	OR	OTHER THAN SMALL ENTITY		
	FOR		NUM	MBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE 37 CFR 1.16(a), (b), or (c))				N/A	N/A	N/A		1	N/A	310	
SEARCH FEE				N/A	N/A	N/A		ł	N/A	510	
37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE						<u> </u>		ł			
37 CFR 1.16(o), (p), or (q))				N/A	N/A	N/A		1	N/A	210	
37 CFR 1.16(i))			5	minus 20 =	0	X\$ 25		OR	X\$50	0	
NDEPENDENT CLAIMS 37 CFR 1.16(h))			1	minus 3 =	• 0	X\$105			X\$210	0	
APPLICATION SIZE FEE (37 CFR 1.16(s))			If the specification and draw sheets of paper, the applica \$260 (\$130 for small entity) 50 sheets or fraction therec 35 U.S.C. 41(a)(1)(G) and 3		eation size fee due is of) for each additional eof. See				·		
MULTIPLE DEPENDENT CLAIM P			RESENT	(37 CFR 1.16(i))	180			370		
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	0		TOTAL	1030	
AMENDMENI A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	:	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)	OR	SMALL (RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.16(i))	*	Minus	**	=	x =		OR	x =		
L N	Independent	*	Minus	***	=	x =			x =		
PΑ	(37 CFR 1.16(h)) Application Size Fee (37 CFR 1.16(s))				-		OR	^			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	,N/A		
	-					TOTAL ADD'T FEE		OR	TOTAL ADD'T FEE		
		(Column 1)		(Column 2)	(Column 3)			OR			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	•	Minus	**	=	x =		OR	х =		
	Independent (37 CFR 1.16(h))	*	Minus	***	=	x =		OR	x =		
١	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	, N/A		
						TOTAL ADD'T FEE		OR	TOTAL ADD'T FEE		
**	If the "Highest I	Number Previou Number Previou Iumber Previous	sly Paid sly Paid sly Paid i	For" IN THIS S For" IN THIS S For" (Total or Ir	2, write "0" in column PACE is less than 20, PACE is less than 3, 6 dependent) is the hig	enter "20". enter "3"	nd in the appropria	ite box ir	a column 1.		

This collection of information is required by 37 CFR 1.16. 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 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. Patern 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.