## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101596450

| Effective December 6, 2004   |  |   |       |   |            |                     | 10/5 70 750            |                            |                     |                        |
|--|--|---|-------|---|------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |       |   |            | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |   |       |   |            | RATE                | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE  |  |   |       |   |            | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   |       |   |            | EXAM. FEE           |                        |                            | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |   |       |   |            | SEARCH FEE          | · · ·                  |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min   | us 100 =                                    | / 50 =     | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 37 mi | nus 20 = *                                  | 17         | X \$ 25 =           |                        | OR                         | X \$ 50 =           | 850                    |
| INDEPENDENT CLAIMS   |  |   | T     | ninus 3 = *                                 |            | X \$ 100 =          |                        | OR                         | X \$ 200 =          | 1.                     |
| MUL  | TIPLE DEPEN  | DENT CLAIM PR                             | ESENT |   |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |       |   |            | TOTAL               |                        | OR                         | TOTAL               | 1750                   |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST REMAINING NUMBER PRESENT |   |       |   |            | SMALL EI            | ADDI-                  | OR                         | OTHER<br>SMALL E    | ADDI-                  |
| AMENDMENT A  |  | AFTER<br>AMENDMENT                        |       | PREVIOUSLY<br>PAID FOR                      |            | RATE                | TIONAL<br>FEE          |                            | RATE                | TIONAL<br>FEE          |
|  | Total  | *   | Minus | **  | =          | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|  | Independent  | *   | Minus | ***   | =          | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |       |   |            | + \$ 180 =          |                        | ОR                         | + \$ 360 =          |                        |
|  |  |   |       |   |            | TOTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT.<br>FFF |                        |
|  |  | (Column 1)                                |       | (Column 2)                                  | (Column 3) |                     |                        |                            |                     |                        |
| S  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus | **  | = '        | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|  | Independent  | *   | Minus | ***   | =          | X \$ 100 =          | -                      | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |       |   |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  | <del></del>  | ·····                                     |       |   |            | TOTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT.        |                        |
|  | •  |   |       |   | •          |                     |                        |                            |                     |                        |
|  |  |   |       |   |            |                     |                        |                            |                     | j                      |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.