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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>(NOT for Provisional Applications)</b>		Docket Number (Optional)																														
Application Number	Filed																															
For																																
Art Unit	Examiner																															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 15%; text-align: center;"><u>Micro Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$235</td> <td style="text-align: center;">\$94</td> <td style="text-align: center;">\$47</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$690</td> <td style="text-align: center;">\$276</td> <td style="text-align: center;">\$138</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1,590</td> <td style="text-align: center;">\$636</td> <td style="text-align: center;">\$318</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$2,495</td> <td style="text-align: center;">\$998</td> <td style="text-align: center;">\$499</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$3,395</td> <td style="text-align: center;">\$1,358</td> <td style="text-align: center;">\$679</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant asserts small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Applicant certifies micro entity status. See 37 CFR 1.29. Form PTO/SB/15A or B or equivalent must either be enclosed or have been submitted previously.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.</p> <p><input type="checkbox"/> Payment made via USPTO patent electronic filing system.</p> <p><b>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.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> attorney or agent of record. Registration number _____.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature</p> <p>_____ Typed or printed name</p> </div> <div style="width: 45%;"> <p>_____ Date</p> <p>_____ Telephone Number</p> </div> </div> <p><b>NOTE:</b> This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> * Total of _____ forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>	<u>Micro Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$235	\$94	\$47	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$690	\$276	\$138	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,590	\$636	\$318	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$2,495	\$998	\$499	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$3,395	\$1,358	\$679	\$ _____
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*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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