

CERTIFICATION AND REQUEST TO SUSPEND THE REQUIREMENT IN 37 CFR 1.55(f) AND (g) FOR SUBMISSION OF THE CERTIFIED COPY DUE TO THE COVID-19 OUTBREAK		
Practitioner Docket No.:	Application No.:	Filing Date:
First Named Inventor:	Title:	
<p>DUE TO THE COVID-19 OUTBREAK, APPLICANT HEREBY CERTIFIES THE FOLLOWING AND REQUESTS SUSPENSION OF THE REQUIREMENT IN 37 CFR 1.55(f) AND (g) FOR SUBMISSION OF THE CERTIFIED COPY.</p> <p>1. This form is being filed no later than the date of payment of the issue fee.</p> <p>2. Required Statement:</p> <p>A. For applicants of utility or plant applications filed on or after March 16, 2013, or for applicants of applications under 35 U.S.C. 371 in which the national stage commenced on or after December 18, 2013, the applicant hereby certifies:</p> <ul style="list-style-type: none"> • the applicant submitted an Interim Copy as provided in 37 CFR 1.55(j) within the time period set forth in 37 CFR 1.55(f)(1) or (f)(2), and • the applicant requested a certified copy of the foreign priority application from the foreign intellectual property office before payment of the issue fee, but was unable to file it on or before the date of payment of the issue fee because the foreign intellectual property office was unable to process the request as a result of the COVID-19 outbreak. <p>B. For applicants of design applications, or for applicants of applications under 35 U.S.C. 371 in which the national stage commenced before December 18, 2013, or for applicants of utility or plant applications filed before March 16, 2013, the applicant hereby certifies:</p> <ul style="list-style-type: none"> • the applicant submitted an Interim Copy as defined in 37 CFR 1.55(j), and • the applicant requested a certified copy of the foreign priority application from the foreign intellectual property office before payment of the issue fee, but was unable to file it on or before the date of payment of the issue fee because the foreign intellectual property office was unable to process the request as a result of the COVID-19 outbreak. 		
Signature	Date	Practitioner Registration No.
Name (Print/Typed)	Telephone Number	
<p>Note: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) 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>		

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