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| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE PATENT TRIAL AND APPEAL BOARD</b>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               | Docket Number (Optional) |                      |  |                    |       |     |  |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|--|--------------------|-------|-----|--|----------|----------|
| I hereby certify that this correspondence is being transmitted by the USPTO patent electronic filing system or facsimile to the USPTO, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.<br>Signature _____<br>Typed or printed name _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">First Named Inventor</td> </tr> <tr> <td style="padding: 5px;">Application Number</td> <td style="padding: 5px;">Filed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For</td> </tr> <tr> <td style="padding: 5px;">Art Unit</td> <td style="padding: 5px;">Examiner</td> </tr> </table> |                          | First Named Inventor |  | Application Number | Filed | For |  | Art Unit | Examiner |
| First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                 | Filed                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                      |  |                    |       |     |  |          |          |
| For                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| Art Unit                                                                                                                                                                                                                                                                                                                                                                                                           | Examiner                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                      |  |                    |       |     |  |          |          |
| Applicant hereby <b>appeals</b> to the Patent Trial and Appeal Board from the last decision of the examiner.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ _____</span>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Applicant asserts small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by 60%, and the resulting fee is: <span style="float: right;">\$ _____</span>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Applicant certifies micro entity status. See 37 CFR 1.29. Therefore, the fee shown above is reduced by 80%, and the resulting fee is: <span style="float: right;">\$ _____</span><br>Form PTO/SB/15A or B or equivalent must either be enclosed or have been submitted previously.                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> Payment made via USPTO patent electronic filing system.                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/AIA/22 or equivalent) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <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>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| I am the                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> applicant                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> attorney or agent of record<br>Registration number _____                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34<br>Registration number _____                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| Typed or printed name _____                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| Telephone Number _____                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| Date _____                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <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*.                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |
| <input type="checkbox"/> * Total of _____ forms are submitted.                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                      |  |                    |       |     |  |          |          |

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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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- 8) another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c));
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