

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
	In re Application of	
	Application Number	Filed
	For	
	Group Art Unit	Examiner
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> One month (37 CFR 1.17(a)) <input type="checkbox"/> Two months (37 CFR 1.17(b)) <input type="checkbox"/> Three months (37 CFR 1.17(c)) <input type="checkbox"/> Four months (37 CFR 1.17(d)) </div> <div> \$ _____ \$ _____ \$ _____ \$ _____ </div> </div> <input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		
<p>A verified statement of small entity status as a small entity under 37 CFR 1.27:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> is enclosed. <input type="checkbox"/> has already been filed in this application. </div> <div></div> </div> <input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.		
<p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34(a). _____.</p>		
_____ Date		_____ Signature _____ Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.