

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)																		
In re Application of																				
Application Number	Filed																			
For																				
Group Art Unit	Examiner																			
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, _____, rejecting the following claims: _____</p> <p>_____</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(e)) \$_____.</p> <p>If I have checked one of the boxes below, then this is also a petition for an extension of time under 37 CFR 1.136(a) to reply to the rejection:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Extension of time requested for:</td> <td style="width: 50%;">Non-small entity fee for extension of time:</td> </tr> <tr> <td><input type="checkbox"/> 1 Month (37 CFR 1.17(a))</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> 2 Months (37 CFR 1.17(b))</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> 3 Months (37 CFR 1.17(c))</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> 4 Months (if available) (37 CFR 1.17(d))</td> <td>\$_____</td> </tr> </table> <p>The sum of the fee for the Notice of Appeal and the fee for any extension of time is: \$_____.</p> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$_____.</p> <p>A verified statement of small entity status under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.</p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 60%;"><input type="checkbox"/> applicant.</td> <td style="width: 40%; text-align: center;">_____ Signature</td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest.</td> <td style="text-align: center;">_____ Typed or printed name</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent of record.</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).</td> <td></td> </tr> </table> <p style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34(a)._____.</p>			Extension of time requested for:	Non-small entity fee for extension of time:	<input type="checkbox"/> 1 Month (37 CFR 1.17(a))	\$_____	<input type="checkbox"/> 2 Months (37 CFR 1.17(b))	\$_____	<input type="checkbox"/> 3 Months (37 CFR 1.17(c))	\$_____	<input type="checkbox"/> 4 Months (if available) (37 CFR 1.17(d))	\$_____	<input type="checkbox"/> applicant.	_____ Signature	<input type="checkbox"/> assignee of record of the entire interest.	_____ Typed or printed name	<input type="checkbox"/> attorney or agent of record.	_____ Date	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).	
Extension of time requested for:	Non-small entity fee for extension of time:																			
<input type="checkbox"/> 1 Month (37 CFR 1.17(a))	\$_____																			
<input type="checkbox"/> 2 Months (37 CFR 1.17(b))	\$_____																			
<input type="checkbox"/> 3 Months (37 CFR 1.17(c))	\$_____																			
<input type="checkbox"/> 4 Months (if available) (37 CFR 1.17(d))	\$_____																			
<input type="checkbox"/> applicant.	_____ Signature																			
<input type="checkbox"/> assignee of record of the entire interest.	_____ Typed or printed name																			
<input type="checkbox"/> attorney or agent of record.	_____ Date																			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).																				

Burden Hour Statement: This form is estimated to take 0.2 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.