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<p>If this RECEIPT is included with a request for a CPA filed by facsimile transmission, it will be date stamped and mailed to the ADDRESS in item 1.</p>		<p>RECEIPT FOR FACSIMILE TRANSMITTED CPA</p> <p><i>(To accompany a request for a Continued Prosecution Application (CPA) under 37 CFR 1.53(d) filed by facsimile transmission)</i></p>
<p>1. ADDRESS</p>	<p><i>Applicant's Mailing Address for this receipt <u>must</u> be CLEARLY PRINTED or TYPED in the box below.</i></p>	
<p><u>NOTE:</u> By this receipt, the PTO (a) acknowledges that a request for a CPA was filed by facsimile transmission on the date stamped below by the PTO and (b) verifies only that the application number provided by the applicant on this receipt is the same as the application number provided on the accompanying request for a CPA. This receipt CANNOT be used to acknowledge receipt of any paper(s) other than the request for a CPA.</p> <p>2. APPLICATION IDENTIFICATION: <i>(Provide at least enough information to identify the application)</i></p> <p>a. For prior application</p> <p>Application No:</p> <p>Filing Date:</p> <p>Title:</p> <p>Attorney Docket No:</p> <p>First Named Inventor:</p> <p>b. For instant CPA application</p> <p>New Attorney Docket No: <i>(if applicable)</i></p>		
<p>The PTO date stamp, which appears in the box to the right, is an acknowledgement by the PTO of receipt of a request for a CPA filed by facsimile transmission on the date indicated below.</p>		<p><i>(THIS AREA FOR PTO DATE STAMP USE)</i></p>
<p style="text-align: center;"><u>PTO HANDLING INSTRUCTIONS:</u></p> <p><i>Please stamp area to the right with the date the complete transmission of the request for a CPA was received in the PTO and also include the PTO organization name that provided the date stamp (stamp may include both items). Verify that the application number provided by applicant on this receipt is the same as the application number provided by applicant on the request for a CPA accompanying this receipt. If there is an inconsistency between the application number provided on this receipt and the request for a CPA, strike through the inconsistent application number provided on this receipt and insert the correct application number, if possible. Then place in a window envelope and mail.</i></p>		

Burden Hour Statement: This form is estimated to take 0.4 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, Box Patent Application, Washington, DC 20231.