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REQUEST FOR ORAL HEARING BEFORE THE PATENT TRIAL AND APPEAL BOARD		Docket Number (Optional)			
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number</td> <td style="width: 40%; padding: 2px;">Filed</td> </tr> </table>		Application Number	Filed
		Application Number	Filed		
		For _____			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Art Unit</td> <td style="width: 40%; padding: 2px;">Examiner</td> </tr> </table>		Art Unit	Examiner		
Art Unit	Examiner				
Applicant hereby requests an oral hearing before the Patent Trial and Appeal Board in the appeal of the above-identified application. The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by 60%, and the resulting fee is: <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 has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <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 EFS-Web. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550. </div> <div style="width: 25%; text-align: right;"> \$ _____ \$ _____ </div> </div> <p>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.</p>					
I am the _____ <input type="checkbox"/> applicant.		_____ Signature			
<input type="checkbox"/> attorney or agent of record. Registration number _____		_____ Typed or printed name			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		_____ Date			
		_____ Telephone number			
NOTE: 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*.					
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