

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/869338

APPLICANT(S)

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
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TOTAL IND.	3								
TOTAL DEP.	27								
TOTAL CLAIMS	36								
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TOTAL IND.									
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS