

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Bm		05-29-01
FORMALITY REVIEW	AB	56-916	07-03-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)... Canceled
- ∩ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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