

RECEIVED
AUG 05 2003
TECH CENTER 1600/2900

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Handwritten: #11
8/12/03

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 441472000110															
	In re Application of	H. Ralph SNODGRASS															
	Application Number	09/864,621															
	Filed	May 23, 2001															
	For:	TOXICITY TYPING USING EMBRYOID BODIES															
Group Art Unit	1639	Examiner P. Ponnaluri															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>July 29, 2003 Date</p> <p><i>Cara Coburn</i> Signature</p> <p>Cara M. Coburn Typed or Printed Name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$															
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$															
<input checked="" type="checkbox"/>	1 form is submitted.																

08/01/2003 ZJUHAR1 00000069 031952 09864621
01 FC:2251 55.00 DA

PA-810151