MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 12674966

Filing Date:

Applicant(s): Khien Meow CHEW

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		(1)		1		
7		(1)		1		
8		( )		1		
9		( )		1		
10		( )		1		
11		( )		1		
12		( )		1		
13		( )		1		
14		( )		1		
15		( )		1		
16		( )		1		
17		( )		1		
18		( )		1		
19		( )		1		
20		( )		1		
21		( )		1		
22		( )		1		
23		( )		1		
24		( )		1		
25		( )		1		
26		( )		1		
27		( )		1		
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31		( )		1		
32	1		1			
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Total Indep	2		2		0	
Total Depend	8		30		0	
Total Claims	10		32		0	

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	Indep	Depend	Indep	Depend	Indep	Depend
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