

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

PCT

To:
 ROSS CAROTHERS
 SPINE VIEW, INC.
 48810 KATO RD., SUITE 100E
 FREMONT, CALIFORNIA 94538

**NOTIFICATION CONCERNING PAYMENT
 OF PRESCRIBED FEES**

(PCT Rules 12*bis*.1(c), 14, 15 and 16
 and Administrative Instructions,
 Sections 102*bis*(c), 304, 323(b) and 707)

Date of mailing (day/month/year)	12 Sep 2012
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Applicant's or agent's file reference P027PCT	PAYMENT DUE see item 3 for time limits
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International application No. PCT/US2012/048709	International filing date/Date of receipt (day/month/year) 27 Jul 2012	Priority date (day/month/year) 28 Jul 2011
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Applicant
 SPINE VIEW, INC.

1. The applicant is hereby notified that this receiving Office has received:

the payment of all the prescribed fees, and an overpayment, which will be refunded in due course.

no or insufficient payment of the prescribed fees and the applicant is hereby invited to pay the balance due, as summarized under item 2, within the time limit(s) indicated under item 3.

2. Fees and payment calculation:

4,160.00	-	4,160.00	=	0.00
Total fees payable		Amount paid		Balance

The details of the calculation are given in the Annex.

3. Time limit(s) for payment and amount(s) payable (Rules 14.1, 15.3 and 16.1(f)):

within ONE MONTH from the date of receipt of the international application (for the transmittal fee (if any), the search fee and the international filing fee). The amount payable for each fee is the amount applicable on the date of receipt of the international application.

within 16 MONTHS from the priority date (only for the fee for priority document). The applicant's attention is drawn to the fact that the request made by the applicant under Rule 17.1(b) will be considered not to have been made unless the fee is paid within that time limit.

4. Additional observations (if necessary):

The search copy will not be transmitted to the International Searching Authority until the search fee is paid (therefore the start of the international search will be delayed) (Rule 23.1(a) and (b)).

Name and mailing address of the receiving Office Mail Stop PCT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 Facsimile No. 571-273-3201	Authorized officer Jon Kurtz Telephone No. 571-272-9118
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**ANNEX TO FORM PCT/RO/102
CALCULATION OF THE PRESCRIBED FEES**

International application No.
PCT/US2012/048709

T Transmittal Fee

Prescribed amount: 240.00 **T**
 Amount paid: 240.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

S Search Fee

Prescribed amount: 2,080.00 **S**
 Amount paid: 2,080.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

I International Filing Fee

Fixed amount for first 30 sheets: 1,344.00 **i1**

$$\frac{31}{\text{Number of sheets in excess of 30}} \times \frac{16.00}{\text{Fee per sheet}} = 496.00 \text{ **i2**}$$

(excluding pages referred to in Section 707(a-bis))

Reduction where the international application is filed
 (See *PCT Applicant's Guide, International Phase for details on the availability of this reduction*):

on paper together with a copy in electronic form, in character coded format, of the request and the abstract 0.00 **r**

or
 in electronic form, the request not being in character coded format 0.00 **r**

or
 in electronic form, the request being in character coded format 0.00 **r**

or
 in electronic form, the request, description, claims and abstract being in character coded format 0.00 **r**

Sub-total: = 1,840.00 **i1+i2-r**

Applicants from certain States are entitled to a reduction of 90% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 10% of the sub-total entered at (i1+i2-r); (see Notes to the Fee Calculation Sheet as annexed to the Request Form, PCT/RO/101, for details): = 1,840.00 **I**

Amount paid: 1,840.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

P Fee for Priority Document

Prescribed amount: 0.00 **P**
 Amount paid: 0.00
 Balance: = 0.00

correct amount
 overpayment
 balance due

ES Fee for Earlier Search Documents

Prescribed amount: 0.00 **ES**
 Amount paid: 0.00
 Balance: = 0.00

correct amount
 overpayment
 balance due