

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

PCT/IL2015/000025 For receiving Office use only

International Application No.

13 May 2015 (13.05.2015)

International Filing Date

RO/IL

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) P074/WO

Box No. I TITLE OF INVENTION	
A METHOD FOR REDUCING INTERFERENCE IN A SATELLITE COMMUNICATIONS NETWORK	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SATIXFY LTD. 12 HaMada St., Rehovot 7670314 Israel	Telephone No. Facsimile No. Applicant's registration No. with the Office
E-mail authorization: Marking one of the check-boxes below authorizes the receiving Office, the International Searching Authority, the International Bureau and the International Preliminary Examining Authority to use the e-mail address indicated in this Box to send, notifications issued in respect of this international application to that e-mail address if those offices are willing to do so. <input type="checkbox"/> as advance copies followed by paper notifications; or <input type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address:	
State (that is, country) of nationality: IL	State (that is, country) of residence: IL
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) INGEL GIL Alef. Gimel. - Intellectual Property Consulting Ltd. P.O.Box 2079 Rehovot 7612002 Israel	Telephone No. +972-8-9494500 Facsimile No. +972-8-9494600 Agent's registration No. with the Office P074/WO
E-mail authorization: Marking one of the check-boxes below authorizes the receiving Office, the International Searching Authority, the International Bureau and the International Preliminary Examining Authority to use the e-mail address indicated in this Box to send, notifications issued in respect of this international application to that e-mail address if those offices are willing to do so. <input checked="" type="checkbox"/> as advance copies followed by paper notifications; or <input type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address: gil.ingel2@gmail.com	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> RAINISH Doron 4 Kish Street, Ramat Gan 5231282 Israel		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office		
State <i>(that is, country)</i> of nationality: IL	State <i>(that is, country)</i> of residence: IL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office		
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:	
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This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box		
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Applicant's registration No. with the Office		
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.		

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a) the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- DE Germany is not designated for any kind of national protection
- JP Japan is not designated for any kind of national protection
- KR Republic of Korea is not designated for any kind of national protection

(The check-boxes above may only be used to exclude (irrevocably) the designations concerned if, at the time of filing or subsequently under Rule 26bis.1, the international application contains in Box No. VI a priority claim to an earlier national application filed in the particular State concerned, in order to avoid the ceasing of the effect, under the national law, of this earlier national application.)

Box No. VI PRIORITY CLAIM AND DOCUMENT

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: regional Office	international application: receiving Office
item (1) 20 May 2014 (20/05/2014)	62/001,045	US		
item (2)				
item (3)				

Further priority claims are indicated in the Supplemental Box.

Furnishing the priority document(s):

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application(s) was filed with the receiving Office which, for the purposes of this international application, is the receiving Office) identified above as:

- all items item (1) item (2) item (3) other, see Supplemental Box

The International Bureau is requested to obtain from a digital library a certified copy of the earlier application(s) identified above, using, where applicable, the access code(s) indicated below (if the earlier application(s) is available to it from a digital library):

- item (1) access code _____ item (2) access code _____ item (3) access code _____ other, see Supplemental Box

Restore the right of priority: the receiving Office is requested to restore the right of priority for the earlier application(s) identified above or in the Supplemental Box as item(s) (_____). (See also the Notes to Box No. VI; further information must be provided to support a request to restore the right of priority.)

Incorporation by reference: where an element of the international application referred to in Article 11(1)(iii)(d) or (e) or a part of the description, claims or drawings referred to in Rule 20.5(a) is not otherwise contained in this international application but is completely contained in an earlier application whose priority is claimed on the date on which one or more elements referred to in Article 11(1)(iii) were first received by the receiving Office, that element or part is, subject to confirmation under Rule 20.6, incorporated by reference in this international application for the purposes of Rule 20.6.


Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if more than one International Searching Authority is competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/ IL _____

Box No. IX CHECK LIST for PAPER filings – this sheet is only to be used when filing an international application on PAPER			
This international application contains the following:	Number of sheets	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) request form PCT/RO/101 (including any declarations and supplemental sheets)	4	1. <input type="checkbox"/> fee calculation sheet	:
(b) description (excluding any sequence listing part of the description, see (f), below)	11	2. <input type="checkbox"/> original separate power of attorney	:
(c) claims	2	3. <input type="checkbox"/> original general power of attorney	:
(d) abstract	1	4. <input type="checkbox"/> copy of general power of attorney; reference number:	:
(e) drawings (if any)	1	5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s)	:
(f) sequence listing part of the description (if any)		6. <input type="checkbox"/> Translation of international application into (language):	:
Total number of sheets :	19	7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:
		8. <input type="checkbox"/> copy in electronic form (Annex C/ST.25 text file) on physical data carrier(s) of the sequence listing, not forming part of the international application, which is furnished only for the purposes of international search under Rule 13ter (type and number of physical data carriers)	:
		9. <input type="checkbox"/> a statement confirming that “the information recorded in electronic form submitted under Rule 13ter is identical to the sequence listing as contained in the international application” as filed on paper	:
		10. <input type="checkbox"/> copy of results of earlier search(es) (Rule 12bis.1(a)) ..	:
		11. <input type="checkbox"/> other (specify):	:
Figure of the drawings which should accompany the abstract:	3	Language of filing of the international application:	ENGLISH

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


 Gil INGEL, Agent

For receiving Office use only	
1. Date of actual receipt of the purported international application: 13 MAY 2015 (13.05.2015)	2. Drawings: <input checked="" type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA / IL	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau: