

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

PCT

**NOTIFICATION CONCERNING PAYMENT
OF PRESCRIBED FEES**

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

To:
THOMAS KORONTAI
Al. Princesa Izabel, 2575
80730-030 Curitiba PR

Date of mailing
(day/month/year) 19 April 2018

Applicant's or agent's file reference
ro101

PAYMENT DUE
see item 3 for time limits

International application No.
PCT/BR2018/050069

International filing date/Date of receipt
(day/month/year) 14 March 2018

Priority date (day/month/year)
04 July 2017

Applicant **PAULA GEBE**

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:

_____	-	_____	=	_____
Total fees payable		Amount paid		CHF206 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)).

-para o pagamento efetuado a maior verificar no portal do INPI a maneira de dollicitar a restituição

- a taxa de cópia oficial não foi paga logo é responsabilidade do requerente enviar o documento de prioridade ao IB

Name and mailing address of the receiving Office
Instituto Nacional da Propriedade Industrial INPI ; Rua
Mayrink Veiga 9° / 6° andar ; 20090-910 Rio de Janeiro RJ

Facsimile No.

Authorized officer
Marcia Timotheo da Costa

Telephone No. 55 21 3037-3318

**ANNEX TO FORM PCT/RO/102
CALCULATION OF THE PRESCRIBED FEES**

(If a reduced fee has been applied, the reduced amount is indicated.)

International application No.
PCT/BR2018/050069

T Transmittal Fee

Prescribed amount: _____ **T**
 Amount paid: - BRR70
 Balance: = _____

correct amount
 overpayment
 balance due

S Search Fee

Prescribed amount: _____ **S**
 Amount paid: - BRR674
 Balance: = _____

correct amount
 overpayment
 balance due

I International Filing Fee

Prescribed amount:

Fixed amount for first 30 sheets: CHF1330 **i1**

_____ x _____ = _____ **i2**
 Number of sheets Fee per sheet
 in excess of 30

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

Reduction where the international application is filed

(See PCT Fee tables <http://www.wipo.int/pct/en/fees.pdf>):

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

or

in electronic form, the request being in character
coded format - CHF200 **r**

or

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

Sub-total: = CHF1130 **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):*

_____ = CHF113 **I**
 _____ = CHF319
 Amount paid: = CHF206

correct amount
 overpayment
 balance due

Balance: _____

P Fee for Priority Document

Prescribed amount: _____ **P**
 Amount paid: - _____
 Balance: = _____

correct amount
 overpayment
 balance due

ES Fee for Earlier Search Documents

Prescribed amount: _____ **ES**
 Amount paid: - _____
 Balance: = _____

correct amount
 overpayment
 balance due