

PCT

REQUEST

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

For receiving Office use only

PCT/US18/41940

International Application No.

13 July 2018 (13.07.2018)

International Filing Date

PCT INTERNATIONAL APPLICATION RO/US

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 8317WO01

| | |
|---|--|
| Box No. I TITLE OF INVENTION | |
| APPARATUS AND METHOD FOR SEPARATING FOOD PRODUCT FROM CONVEYOR BELT | |
| 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.) GENERAL MILLS, INC. Number One General Mills Blvd. Minneapolis, MN 55426 US | 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: US | State (that is, country) of residence: US |
| 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.) DIEDERIKS, Everett G., Jr. DIEDERIKS & WHITELAW, PLC 13885 Hedgewood Drive, Suite 317 Woodbridge, VA 22193 US | Telephone No. (703) 583-8300 |
| | Facsimile No. (703) 583-8301 |
| | Agent's registration No. with the Office 33,323 |
| 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 checked="" type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address: gmi.mail@dwpatentlaw.com | |
| <input checked="" 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) | |
|---|--|
| <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i> | |
| 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> STENVIK, Ralph A. 3010 Larch Lane North Plymouth, MN 55441 US | 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: | 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> DADE, Bryan M. 2809 Robbins Street Minneapolis, MN 55410 US | 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: | 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> MOEN, Molly 13886 Darwin Way Rosemount, MN 55068 US | 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: | 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> |
| 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 | | | | |
|---|-------------------------------|---|--|--|
| <p>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,</p> <p><input type="checkbox"/> DE Germany is not designated for any kind of national protection</p> <p><input type="checkbox"/> JP Japan is not designated for any kind of national protection</p> <p><input type="checkbox"/> KR Republic of Korea is not designated for any kind of national protection</p> <p><i>(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.)</i></p> | | | | |
| 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) 30 August 2017 (30.08.2017) | 15/691,270 | US | | |
| item (2) | | | | |
| item (3) | | | | |
| <input type="checkbox"/> Further priority claims are indicated in the Supplemental Box. | | | | |
| Furnishing the priority document(s): <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> other, see Supplemental Box <input type="checkbox"/> 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): <input type="checkbox"/> item (1) access code _____ <input type="checkbox"/> item (2) access code _____ <input type="checkbox"/> item (3) access code _____ <input type="checkbox"/> 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/ <u>US</u> | | | | |

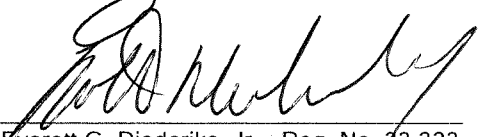
Box No. IX CHECK LIST for EFS-Web filings - this sheet is only to be used when filing an international application with RO/US via EFS-Web

| 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 checked="" type="checkbox"/> fee calculation sheet | 1 |
| (b) description (excluding any sequence listing part of the description, see (f), below) | 6 | 2. <input type="checkbox"/> original separate power of attorney | |
| (c) claims | 3 | 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) | 5 | 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s) | |
| (f) sequence listing part of the description in the form of an image file (e.g. PDF) | | 6. <input type="checkbox"/> Translation of international application into (language): | |
| Total number of sheets (including the sequence listing part of the description if filed as an image file) | 19 | 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | |
| (g) sequence listing part of the description | | 8. <input type="checkbox"/> (only where item (f) is marked in the left column) copy of the sequence listing in electronic form (Annex C/ST.25 text file) not forming part of the international application but furnished only for the purposes of international search under Rule 13ter | |
| <input type="checkbox"/> filed in the form of an Annex C/ST.25 text file | | 9. <input type="checkbox"/> (only where item (f) (in the left column) and item 8 (above) are marked) 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 via EFS-Web: | |
| <input type="checkbox"/> WILL BE filed separately on physical data carrier(s), on the same day and in the form of an Annex C/ST.25 text file | | 10. <input type="checkbox"/> copy of results of earlier search(es) (Rule 12bis.1(a)) | |
| Indicate type and number of physical data carrier(s) | | 11. <input type="checkbox"/> other (specify): | |

Figure of the drawings which should accompany the abstract: 1 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).


Everett G. Diederiks, Jr. - Reg. No. 33,323
 Agent for Applicant

13 July 2018
Date

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|---|--|
| 1. Date of actual receipt of the purported international application: <u>13 July 2018 (13.07.2018)</u> | 2. Drawings: <input 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): <u>ISA / US</u> | 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: