

**PATENT COOPERATION TREATY**

From the RECEIVING OFFICE

**PCT**

To:  
 BETH L. MCMAHON  
 MEDTRONIC, INC.  
 710 MEDTRONIC PARKWAY NE  
 MINNEAPOLIS, MINNESOTA 55432

**NOTIFICATION CONCERNING PAYMENT  
 OF PRESCRIBED FEES**

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

Date of mailing (day/month/year)	26 Jun 2018
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Applicant's or agent's file reference <p align="center">C13897WOU2</p>
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<b>PAYMENT DUE</b> <p align="center">see item 3 for time limits</p>
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International application No. <p align="center">PCT/US2018/037688</p>
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International filing date/Date of receipt (day/month/year)	15 Jun 2018
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Priority date (day/month/year) <p align="center">06 Sep 2017</p>
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Applicant <p>MEDTRONIC, INC.</p>
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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:

3,983.00	-	3,983.00	=	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. 571-273-8300
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Authorized officer <p align="center">Arnessa Smith</p> Telephone No. 571-272-3575
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**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/US2018/037688

**T Transmittal Fee**

Prescribed amount: . . . . .	240.00	<input checked="" type="checkbox"/> T	<input checked="" type="checkbox"/> correct amount
Amount paid: . . . . .	240.00		<input type="checkbox"/> overpayment
Balance: . . . . .	0.00		<input type="checkbox"/> balance due

**S Search Fee**

Prescribed amount: . . . . .	2,207.00	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> correct amount
Amount paid: . . . . .	2,207.00		<input type="checkbox"/> overpayment
Balance: . . . . .	0.00		<input type="checkbox"/> balance due

**I International Filing Fee**

Prescribed amount:

Fixed amount for first 30 sheets: . . . . . 1,161.00  i1

$\frac{25}{\text{Number of sheets in excess of 30}}$  x  $\frac{15.00}{\text{Fee per sheet}}$  = 375.00  i2

*(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 . . . . . 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: . . . . . = 1,536.00  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):*

	1,536.00	<input type="checkbox"/> I	<input checked="" type="checkbox"/> correct amount
	1,536.00		<input type="checkbox"/> overpayment
Amount paid: . . . . .	0.00		<input type="checkbox"/> balance due
Balance: . . . . .			

**P Fee for Priority Document**

Prescribed amount: . . . . .	0.00	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> correct amount
Amount paid: . . . . .	0.00		<input type="checkbox"/> overpayment
Balance: . . . . .	0.00		<input type="checkbox"/> balance due

**ES Fee for Earlier Search Documents**

Prescribed amount: . . . . .	0.00	<input type="checkbox"/> ES	<input type="checkbox"/> correct amount
Amount paid: . . . . .	0.00		<input type="checkbox"/> overpayment
Balance: . . . . .	0.00		<input type="checkbox"/> balance due