

PCT

REQUEST

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

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| For receiving Office use only | |
| International Application No. | |
| International Filing Date | |
| Name of receiving Office and "PCT International Application" | |
| Applicant's or agent's file reference (if desired) (12 characters maximum) | 5367-02-PCT |

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| Box No. I | TITLE OF INVENTION |
| Method and System for Converting 3-D Scan Displays with Optional Telemetrics, Temporal and Component Data into an Augmented or Virtual Reality | |

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|---|---|--|
| 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.) | | Telephone No. |
| Josem Premium LLC 9100 S. Dadeland Blvd. Suite 907 Miami, Florida 33156 United States of America | | Facsimile No. |
| 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. | | Applicant's registration No. with the Office |
| <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: | State (that is, country) of residence: | |
| US | 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 | |

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|---|--|
| Box No. III | FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) |
| <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. | |

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| 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.) | |
| Kain, Robert C., Jr. Kain Spielman, P.A. 900 Southeast Third Avenue, Suite 205 Fort Lauderdale, Florida 33316 United States of America | |
| Telephone No. | 954-768-9002 |
| Facsimile No. | 954-768-0158 |
| Agent's registration No. with the Office | 30648 |
| 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: RKain@ComplexIP.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. | |