

**PATENT COOPERATION TREATY**

**ADVANCE EMAIL**

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:
<b>KLIGLER &amp; ASSOCIATES PATENT ATTORNEYS LTD. P.O. Box 57651 6157601 Tel Aviv ISRAËL</b>
Facsimile No.: 97235622297

Date of mailing (day/month/year) <b>03 December 2019 (03.12.2019)</b>	
Applicant's or agent's file reference <b>1401-2004-1</b>	<b>PAYMENT DUE</b> see item 3 for time limits
International application No. <b>PCT/IB2019/059646</b>	International filing date/Date of receipt (day/month/year) <b>10 November 2019 (10.11.2019)</b>
	Priority date (day/month/year) <b>29 November 2018 (29.11.2018)</b>
Applicant <b>EPSITAU LTD.</b>	

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:**

3 304.00 USD	-	3 304.00 USD	=	0.00 USD
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 <b>The International Bureau of WIPO PCT RO/IB Team 34, chemin des Colombettes, 1211 Geneva 20, Switzerland</b>	Authorized officer  <b>DELBARD, Sabine</b>  Telephone No. +4122 338 9484 Email: <a href="mailto:ro.ib@wipo.int">ro.ib@wipo.int</a>
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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/IB2019/059646**

**T Transmittal Fee**

Prescribed amount: .....	102.00 USD	T	
Amount paid: .....	102.00 USD		<input checked="" type="checkbox"/> correct amount
Balance: .....	0.00 USD		<input type="checkbox"/> overpayment <input type="checkbox"/> balance due

**S Search Fee ISA/EP**

Prescribed amount: .....	2 053.00 USD	S	
Amount paid: .....	2 053.00 USD		<input checked="" type="checkbox"/> correct amount
Balance: .....	0.00 USD		<input type="checkbox"/> overpayment <input type="checkbox"/> balance due

**I International Filing Fee**

Prescribed amount:

Fixed amount for first 30 sheets: .....	1 352.00 USD	i1	
<u>0</u> x <u>15.00 USD</u>	=	0.00 USD	i2
Number of sheets in excess of 30	Fee per sheet		

*(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 .....

or

in electronic form, the request being in character coded format .....

or

in electronic form, the request, description, claims and abstract being in character coded format .....

Sub-total: ..... = 1 149.00 USD **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):* .....

Amount paid: .....	1 149.00 USD		<input checked="" type="checkbox"/> correct amount
Balance: .....	0.00 USD		<input type="checkbox"/> overpayment <input type="checkbox"/> balance due

**P Fee for Priority Document**

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

**ES Fee for Earlier Search Documents**

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