

**PATENT COOPERATION TREATY**

From the RECEIVING OFFICE

**PCT**

**NOTIFICATION CONCERNING PAYMENT  
OF PRESCRIBED FEES**

(PCT Rules 12bis.1(c), 14, 15 and 16  
and Administrative Instructions,  
Sections 102bis(c), 304, 323(b) and 707)

To:  
BENJAMIN J. HAUPTMAN  
HAUPTMAN HAM, LLP  
2318 MILL ROAD, SUITE 1400  
ALEXANDRIA, VIRGINIA 22314

Date of mailing (day/month/year) **02 Dec 2015**

Applicant's or agent's file reference  
**713-3806PCT**

**PAYMENT DUE**  
see item 3 for time limits

International application No.  
**PCT/US2015/062042**

International filing date/Date of receipt (day/month/year)  
**22 Nov 2015**

Priority date (day/month/year)  
**23 Dec 2014**

Applicant  
**ILLINOIS TOOL WORKS INC.**

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:

|                             |   |                      |   |                  |
|-----------------------------|---|----------------------|---|------------------|
| 3,541.00                    | - | 3,541.00             | = | 0.00             |
| -----<br>Total fees payable |   | -----<br>Amount paid |   | -----<br>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

Authorized officer  
**Nina D Motley**  
Telephone No. 571-272-9027

**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/US2015/062042

**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: . . . . . | 2,125.00 | <input checked="" type="checkbox"/> S | <input checked="" type="checkbox"/> correct amount |
| Amount paid: . . . . .       | 2,125.00 |                                       | <input type="checkbox"/> overpayment               |
| Balance: . . . . .           | 0.00     |                                       | <input type="checkbox"/> balance due               |

**I International Filing Fee**

Prescribed amount:

Fixed amount for first 30 sheets: . . . . . 1,176.00  i1

$\frac{0}{\text{Number of sheets in excess of 30}} \times \frac{16.00}{\text{Fee per sheet}} = 0.00$   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: . . . . . = 1,176.00  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):*

|                        |          |                            |  |
|------------------------|----------|----------------------------|--|
|                        | 1,176.00 | <input type="checkbox"/> I | <input checked="" type="checkbox"/> correct amount |
|                        | 1,176.00 |                            | <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    |