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### REQUEST FOR REFUND

<b>Reference #</b> <i>(Patent #, Application #, Trademark Serial #, Registration #, etc.)</i>	<b>Title of Invention or Mark Information</b>	
<b>Attorney Docket #</b> <i>(if applicable)</i>	<b>Payment Date</b> <i>(mm/dd/yyyy)</i>	<b>Refund Request Amount</b>
<b>Refund Option</b> <i>(Select one)</i>		
<p>If approved, issue the refund to the account associated with the original payment.</p> <p>If approved, and the original payment was a check, issue the refund to deposit account # _____.</p> <p>If approved, and the original payment was a check, issue the refund as a U.S. Treasury check.</p>		
<b>Reason for Refund Request</b> <i>Refund requests must generally be filed within 2 years of payment date (37 CFR 1.26 and 2.209)</i>		
Duplicate Payment	No Fee Due	Office Error
Small Entity Later Established* <small>(*must be filed within 3 months of payment date, 37 CFR 1.28)</small>	Other _____	
<b>Rationale</b> <i>(Supporting documentation may be submitted with this form)</i>		

### Requester's Information

<b>Company or Firm Name</b> <i>(if applicable)</i>		
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<b>Email Address</b> <i>(You will receive an acknowledgment of receipt only if you provide a valid email address)</i>		<b>Phone Number</b>
<b>Requester's Name</b>		<b>Registration Number</b> <i>(if applicable)</i>
<b>Signature</b>		<b>Date</b> <i>(mm/dd/yyyy)</i>

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