



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Complete and send this form together with applicable fee(s) for Mail-Mail State ISSUE FEE

P.O. Box 1450

Attn: [redacted] [redacted] 00310-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Notice of Allowability	Application No.	Applicant(s)	
	11/215,359	XU, RONGXIANG	
	Examiner	Art Unit	
	Vera Afremova	1657	
-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--			