

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), by mail or fax, or via the USPTO patent electronic filing system.

By mail, send to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

By fax, send to: (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 appropriate. All further correspondence will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Because electronic patent issuance may occur shortly after issue fee payment, any desired continuing application should preferably be filed prior to payment of this issue fee in order not to jeopardize copendency.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

37833 7590 01/26/2024
Richard C. Litman
Nath, Goldberg & Meyer
112 S. West Street
Alexandria, VA 22314

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO via the USPTO patent electronic filing system or by facsimile to (571) 273-2885, on the date below.

Form with fields for (Typed or printed name), (Signature), and (Date).

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.

18/384,685 10/27/2023 HANY MOHAMED ABD EL-LATEEF AHMED 33135.26U 3312
TITLE OF INVENTION: 4-(2,4,5-TRIS(4-CHLOROPHENYL)-1H-IMIDAZOL-1-YL)BENZOIC ACID AS AN ANTIMICROBIAL COMPOUND

Table with 7 columns: APPLN. TYPE, ENTITY STATUS, ISSUE FEE DUE, PUBLICATION FEE DUE, PREV. PAID ISSUE FEE, TOTAL FEE(S) DUE, DATE DUE.

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS.

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
Change of correspondence address (or Change of Correspondence Address form PTO/AIA/122 or PTO/SB/122) attached.
"Fee Address" indication (or "Fee Address" Indication form PTO/AIA/47 or PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) The names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 Nath, Goldberg & Meyer
2 Richard C. Litman
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document must have been previously recorded, or filed for recordation, as set forth in 37 CFR 3.11 and 37 CFR 3.81(a). Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE KING FAISAL UNIVERSITY
(B) RESIDENCE: (CITY and STATE OR COUNTRY) AL-AHSA, SAUDI ARABIA
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. Fees submitted: Issue Fee Publication Fee (if required)
4b. Method of Payment: (Please first reapply any previously paid fee shown above)
Electronic Payment via the USPTO patent electronic filing system Enclosed check Non-electronic payment by credit card (Attach form PTO-2038)
The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account No. 14-0112

5. Change in Entity Status (from status indicated above)
Applicant certifying micro entity status. See 37 CFR 1.29
Applicant asserting small entity status. See 37 CFR 1.27
Applicant changing to regular undiscounted fee status.
NOTE: Absent a valid certification of Micro Entity Status (see forms PTO/SB/15A and 15B), issue fee payment in the micro entity amount will not be accepted at the risk of application abandonment.
NOTE: If the application was previously under micro entity status, checking this box will be taken to be a notification of loss of entitlement to micro entity status.
NOTE: Checking this box will be taken to be a notification of loss of entitlement to small or micro entity status, as applicable.

NOTE: This form must be signed in accordance with 37 CFR 1.31 and 1.33. See 37 CFR 1.4 for signature requirements and certifications.
Authorized Signature /James Lafave/ Date 2024-01-29
Typed or printed name James Lafave Registration No. 71013