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**PROVISIONAL APPLICATION FOR PATENT COVER SHEET – Page 1 of 2**

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

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INVENTOR(S)		
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)
Oren	Raphael	4355 Sepulveda Blvd #105 Sherman Oaks, CA 91043
Additional inventors are being named on the _____ separately numbered sheets attached hereto.		
<b>TITLE OF THE INVENTION (500 characters max):</b>		
Inverted Sensorimotor Training System and Method with Physical and Virtual Embodiments and Gamification Features		
Direct all correspondence to: <b>CORRESPONDENCE ADDRESS</b>		
<input type="checkbox"/> The address corresponding to Customer Number: <input style="width: 200px; height: 20px;" type="text"/>		
<b>OR</b>		
<input checked="" type="checkbox"/> Firm or Individual Name <b>Oren Raphael</b>		
Address <b>4355 Sepulveda Blvd #105 ,</b>		
City <b>Sherman Oaks</b>	State <b>CA</b>	Zip <b>91043</b>
Country	Telephone <b>628 600 8825</b>	Email <b>oren17@gmail.com</b>
<b>ENCLOSED APPLICATION PARTS (check all that apply)</b>		
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76. <input type="checkbox"/> CD(s), Number of CDs _____		
<input type="checkbox"/> Drawing(s) <i>Number of Sheets</i> _____ <input type="checkbox"/> Other (specify) _____		
<input checked="" type="checkbox"/> Specification (e.g., description of the invention) <i>Number of Pages</i> _____		
<b>Fees Due:</b> Filing Fee of \$325 (\$130 for small entity) (\$65 for micro entity). If the specification and drawings exceed 100 sheets of paper, an application size fee is also due, which is \$450 (\$180 for small entity) (\$90 for micro entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		
<b>METHOD OF PAYMENT OF THE FILING FEE AND APPLICATION SIZE FEE FOR THIS PROVISIONAL APPLICATION FOR PATENT</b>		
<input checked="" type="checkbox"/> Applicant asserts small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> Applicant certifies micro entity status. See 37 CFR 1.29. Applicant must attach form PTO/SB/15A or Bor equivalent.		
<input type="checkbox"/> A check or money order made payable to the <i>Director of the United States Patent and Trademark Office</i> is enclosed to cover the filing fee and application size fee (if applicable).		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director is hereby authorized to charge the filing fee and application size fee (if applicable) or credit any overpayment to Deposit Account Number: _____		
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;"><b>130</b></div> <b>TOTAL FEE AMOUNT (\$)</b>		

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**PROVISIONAL APPLICATION FOR PATENT COVER SHEET – Page 2 of 2**

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government. (NOTE: Providing this information on a provisional cover sheet, such as this Provisional Application for Patent Cover Sheet (Form PTO/SB/16), does not satisfy the requirement of 35 U.S.C. 202(c)(6), which requires that the *specification* contain a statement specifying that the invention was made with Government support and that the Government has certain rights in the invention.)

 No. Yes, the invention was made by an agency of the U.S. Government. The U.S. Government agency name is:

\_\_\_\_\_

 Yes, the invention was made under a contract with an agency of the U.S. Government.

The contract number is: \_\_\_\_\_

The U.S. Government agency name is: \_\_\_\_\_

\_\_\_\_\_

In accordance with 35 U.S.C. 202(c)(6) and 37 CFR 401.14(f)(4), the specifications of any United States patent applications and any patent issuing thereon covering the invention, including the enclosed provisional application, must state the following:

“This invention was made with government support under [IDENTIFY THE CONTRACT] awarded by [IDENTIFY THE FEDERAL AGENCY]. The government has certain rights in the invention.”

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SIGNATURE /Oren Raphael/ DATE 2/20/2025TYPED OR PRINTED NAME oren raphael REGISTRATION NO. \_\_\_\_\_  
(if appropriate)TELEPHONE 628 600 8825 DOCKET NUMBER \_\_\_\_\_

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