PATENT COOPERATION TREATY

From the RECEIVING OFFICE

To:
OREN RAPHAEL
4355 SEPULVEDA BLVD
APT 105
SHERMAN OAKS, CALIFORNIA 91403
UNITED STATES OF AMERICA

CONFIRMATION NO. 1940

PCT

NOTIFICATION CONCERNING
PAYMENT OF PRESCRIBED FEES

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

Date of mailing *(day/month/year)*	**02 December 2025 (02.12.2025)**
Applicant's or agent's file reference **HYPERSIGNRO**	**PAYMENT DUE** see item 3 for time limits

International application No.	International filing date *(day/month/year)*	Priority date *(day/month/year)*
PCT/US2025/052896	**28 October 2025 (28.10.2025)**	

Applicant: **RAPHAEL, OREN**

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:**

4110.00	-	0.00	=	4110.00
Total fees payable		Amount paid		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	Authorized officer
COMMISSIONER FOR PATENTS **MAIL STOP PCT** **P.O. Box 1450** **Alexandria, VA 22313-1450** **UNITED STATES OF AMERICA**	**VANESSA CLARK THOMPSON**
Facsimile No. **571-273-8300**	Telephone No. **(571) 272-0445**

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/US2025/052896

T Transmittal Fee

Prescribed amount:		114.00	T	
Amount paid:	–	0.00		☐ correct amount
Balance:	=	114.00		☐ overpayment
				☑ balance due

S Search Fee

Prescribed amount:		2400.00	S	
Amount paid:	–	0.00		☐ correct amount
Balance:	=	2400.00		☐ overpayment
				☑ balance due

I International Filing Fee

Prescribed amount:

Fixed amount for first 30 sheets:		1362.00	i1	
13 (Number of sheets in excess of 30 *(excluding pages referred to in Section 707(a-bis))*) x 18.00 (Fee per sheet)	=	234.00	i2	
Reduction where the international application is filed *(See PCT Fee tables www.wipo.int/pct/en/fees.pdf)*:				
in electronic form, the request not being in character coded format	–		r	
or				
in electronic form, the request being in character coded format	–		r	
or				
in electronic form, the request, description, claims and abstract being in character coded format	–		r	
Sub-total:	=	1596.00	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):

	=	1596.00	I	
Amount paid:	–	0.00		☐ correct amount
Balance:	=	1596.00		☐ overpayment
				☑ balance due

P Fee for Priority Document

Prescribed amount:		0.00	P	
Amount paid:	–	0.00		☑ correct amount
Balance:	=	0.00		☐ overpayment
				☐ balance due

ES Fee for Earlier Search Documents

Prescribed amount:			ES	
Amount paid:	–			☐ correct amount
Balance:	=			☐ overpayment
				☐ balance due