

# 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. 5080

## PCT

### NOTIFICATION CONCERNING PAYMENT OF PRESCRIBED FEES

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

|  |  |   |
|--|--|---|
| Applicant's or agent's file reference<br><b>CLOSEDLOOPBIOPROCESSRO</b> |  | Date of mailing<br>(day/month/year) <b>28 November 2025 (28.11.2025)</b>          |
| International application No.<br><b>PCT/US2025/052944</b>              |  | International filing date<br>(day/month/year) <b>28 October 2025 (28.10.2025)</b> |
| Applicant<br><b>RAPHAEL, OREN</b>                                      |  | Priority date<br>(day/month/year)   |
| <b>PAYMENT DUE</b> see item 3 for time limits                          |  |   |

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:**

|                    |   |             |   |         |
|--------------------|---|-------------|---|---------|
| 4047.00            | - | 0.00        | = | 4047.00 |
| 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<br><b>COMMISSIONER FOR PATENTS</b><br><b>MAIL STOP PCT</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b><br><b>UNITED STATES OF AMERICA</b> | Authorized officer<br><br><p style="text-align: center;"><b>HENRY D JEFFERSON</b></p> |
| Facsimile No. <b>571-273-8300</b>  | Telephone No. <b>(571)272-7194</b>  |

**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/US2025/052944**

**T Transmittal Fee**

|                          |        |   |   |
|--------------------------|--------|---|---|
| Prescribed amount: ..... | 285.00 | T |   |
| Amount paid: .....       | 0.00   |   | <input type="checkbox"/> correct amount   |
| Balance: .....           | 285.00 |   | <input type="checkbox"/> overpayment<br><input checked="" type="checkbox"/> balance due |

**S Search Fee**

|                          |         |   |   |
|--------------------------|---------|---|---|
| Prescribed amount: ..... | 2400.00 | S |   |
| Amount paid: .....       | 0.00    |   | <input type="checkbox"/> correct amount   |
| Balance: .....           | 2400.00 |   | <input type="checkbox"/> overpayment<br><input checked="" type="checkbox"/> balance due |

**I International Filing Fee**

Prescribed amount:

|   |         |    |  |
|---|---------|----|--|
| Fixed amount for first 30 sheets: ..... | 1362.00 | i1 |  |
| <u>0</u> x <u>18.00</u> =               | 0.00    | i2 |  |

Number of sheets      Fee per sheet  
in excess of 30

*(excluding pages referred  
to in Section 707(a-bis))*

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<br>character coded format .....                                  | - | r |  |
| or  |   |   |  |
| in electronic form, the request being in character<br>coded format .....                                      | - | r |  |
| or  |   |   |  |
| in electronic form, the request, description,<br>claims and abstract being in character coded<br>format ..... | - | r |  |

Sub-total: ..... = 1362.00 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):* .....

|                    |         |   |   |
|--------------------|---------|---|---|
| .....              | 1362.00 | I |   |
| Amount paid: ..... | 0.00    |   | <input type="checkbox"/> correct amount   |
| Balance: .....     | 1362.00 |   | <input type="checkbox"/> overpayment<br><input checked="" type="checkbox"/> balance due |

**P Fee for Priority Document**

|                          |      |   |  |
|--------------------------|------|---|--|
| Prescribed amount: ..... | 0.00 | P |  |
| Amount paid: .....       | 0.00 |   | <input checked="" type="checkbox"/> correct amount                           |
| Balance: .....           | 0.00 |   | <input type="checkbox"/> overpayment<br><input type="checkbox"/> balance due |

**ES Fee for Earlier Search Documents**

|                          |  |    |  |
|--------------------------|--|----|--|
| Prescribed amount: ..... |  | ES |  |
| Amount paid: .....       |  |    | <input type="checkbox"/> correct amount                                      |
| Balance: .....           |  |    | <input type="checkbox"/> overpayment<br><input type="checkbox"/> balance due |