

DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

APPLICATION NUMBER: [Insert App Number]
FILING DATE: [Insert Filing Date]
FIRST NAMED INVENTOR: [Insert Name]
ATTORNEY DOCKET NUMBER: [Insert Docket Number]

OFFICE ACTION: RESTRICTION REQUIREMENT

This Office Action is in response to the application filed on [Insert Date].

RESTRICTION/ELECTION REQUIREMENT

Restriction to one of the following inventions is required under 35 U.S.C. 121:

Invention I: Claims [Insert Claim Numbers], drawn to [Insert Description].

Invention II: Claims [Insert Claim Numbers], drawn to [Insert Description].

The inventions are distinct because [Insert Reason, e.g., they represent patentably distinct combinations or subcombinations].

ELECTION WITHOUT TRAVERSE

Applicant is required to elect a single invention for prosecution on the merits. Please note that a reply to this requirement must include an election of a single invention, even if the applicant traverses this requirement.

REPLY PERIOD

A shortened statutory period for reply to this action is set to expire **TWO (2) MONTHS** from the mailing date of this letter. Failure to reply within the set period will result in abandonment of the application.

EXAMINER SIGNATURE

[Insert Examiner Name]
Art Unit: [Insert Unit Number]
Phone: [Insert Phone Number]