

REQUEST FOR REFUND

Reference # (Patent #, Application #, Trademark Serial #, Registration #, etc.)		Title of Invention or Mark Information	
IPR2024-01423		Lighting system and control thereof	
Attorney Docket # (if applicable)	Payment Date (mm/dd/yyyy)	Refund Request Amount	
	09/16/2024	\$ 22,500.00	
Refund Option (Select one)			
☒ If approved, issue the refund to the account associated with the original payment.			
☐ If approved, and the original payment was a check, issue the refund to deposit account # _____.			
☐ If approved, and the original payment was a check, issue the refund as a U.S. Treasury check.			
Reason for Refund Request <i>Refund requests must generally be filed within 2 years of payment date (37 CFR 1.26 and 2.209)</i>			
☐ Duplicate Payment	☐ No Fee Due	☐ Office Error	☒ Other: Non-Institution
☐ Small Entity Later Established* *(Must be filed within 3 months of payment date, 37 CFR 1.28. There is no refund when micro entity is later established.)			
Rationale (Supporting documentation may be submitted with this form)			
The reason for the refund request is because the reexamination was not instituted.			

Requester's Information

Company or Firm Name (if applicable)		
Donald R. McPhail Merchant & Gould, P.C.		
Address Line 1	City	State/Region
1900 Duke Street, Suite600	Alexandria	VA
Address Line 2 (if applicable)	Country	Zip/Postal Code
	USA	22314
Email Address (You will receive an acknowledgment of receipt only if you provide a valid email address)		Phone Number
dmcphail@merchantgould.com		703-684-2500
Requester's Name		Registration Number (if applicable)
Donald McPhail		
Signature		Date (mm/dd/yyyy)
s/ Donald R. McPhail		03/06/2025

Submit online via Patent Center (Patents customers who are registered users only): <https://patentcenter.uspto.gov>, or

Fax to: 571-273-6500, or

Mail to: Mail Stop 16, Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450