

## REQUEST FOR REFUND

|                                                                                                                                                                                                   |                                  |                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------|--|
| <b>Reference #</b> (Patent #, Application #, Trademark Serial #, Registration #, etc.)                                                                                                            |                                  | <b>Title of Invention or Mark Information</b>                          |  |
| IPR2025-00033                                                                                                                                                                                     |                                  | Therapeutic Compositions for Treatment of Human Immunodeficiency Virus |  |
| <b>Attorney Docket #</b> (if applicable)                                                                                                                                                          | <b>Payment Date</b> (mm/dd/yyyy) | <b>Refund Request Amount</b>                                           |  |
| 17336.0014USWX                                                                                                                                                                                    | 10/28/2024                       | \$ 41,500.00                                                           |  |
| <b>Refund Option</b> (Select one)                                                                                                                                                                 |                                  |                                                                        |  |
| <input checked="" type="radio"/> If approved, issue the refund to the account associated with the original payment.                                                                               |                                  |                                                                        |  |
| <input type="radio"/> If approved, and the original payment was a check, issue the refund to deposit account # _____.                                                                             |                                  |                                                                        |  |
| <input type="radio"/> If approved, and the original payment was a check, issue the refund as a U.S. Treasury check.                                                                               |                                  |                                                                        |  |
| <b>Reason for Refund Request</b> <i>Refund requests must generally be filed within 2 years of payment date (37 CFR 1.26 and 2.209)</i>                                                            |                                  |                                                                        |  |
| <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due <input type="checkbox"/> Office Error <input checked="" type="checkbox"/> Other: <div>Institution Denied</div>     |                                  |                                                                        |  |
| <input type="checkbox"/> Small Entity Later Established* <small>*(Must be filed within 3 months of payment date, 37 CFR 1.28. There is no refund when micro entity is later established.)</small> |                                  |                                                                        |  |
| <b>Rationale</b> (Supporting documentation may be submitted with this form)                                                                                                                       |                                  |                                                                        |  |
| The reason for the refund request is that inter partes review was not instituted. See 37 C.F.R. 1.26 and 1.925.                                                                                   |                                  |                                                                        |  |

## Requester's Information

|                                                                                                                   |                |                                               |
|-------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------|
| <b>Company or Firm Name</b> (if applicable)                                                                       |                |                                               |
| Merchant & Gould, P.C.                                                                                            |                |                                               |
| <b>Address Line 1</b>                                                                                             | <b>City</b>    | <b>State/Region</b>                           |
| 500 Fifth Avenue, Suite 4100                                                                                      | New York       | NY                                            |
| <b>Address Line 2</b> (if applicable)                                                                             | <b>Country</b> | <b>Zip/Postal Code</b>                        |
|                                                                                                                   | USA            | 10110                                         |
| <b>Email Address</b><br>(You will receive an acknowledgment of receipt only if you provide a valid email address) |                | <b>Phone Number</b>                           |
| alarsen@merchantgould.com                                                                                         |                | 212-223-6658                                  |
| <b>Requester's Name</b>                                                                                           |                | <b>Registration Number</b><br>(if applicable) |
| Andrew O. Larsen                                                                                                  |                | 59,315                                        |
| <b>Signature</b>                                                                                                  |                | <b>Date</b> (mm/dd/yyyy)                      |
| /Andrew O. Larsen/                                                                                                |                | 06/25/2025                                    |

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