

# PCT

(PCT Rule 92*bis*.1 and  
Administrative Instructions, Section 422)

To:

WULFF, Steven  
c/o K&L Gates  
Level 25, South Tower  
525 Collins Street  
Melbourne, Victoria 3000  
AUSTRALIE

|                                                              |                                                                             |
|--------------------------------------------------------------|-----------------------------------------------------------------------------|
| Date of mailing (day/month/year)<br>10 May 2016 (10.05.2016) |                                                                             |
| Applicant's or agent's file reference<br>74096360007         | IMPORTANT NOTIFICATION                                                      |
| International application No.<br>PCT/AU2015/050040           | International filing date (day/month/year)<br>05 February 2015 (05.02.2015) |

|                                                                                                                   |                                                  |                                    |                                                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|----------------------------------------------------|
| 1. The following indications appeared on record concerning:                                                       |                                                  |                                    |                                                    |
| <input type="checkbox"/> the applicant                                                                            | <input checked="" type="checkbox"/> the inventor | <input type="checkbox"/> the agent | <input type="checkbox"/> the common representative |
| Name and Address<br>ALVERO, Ayesha<br>18 Drake Street<br>Stratford, Connecticut 06614<br>United States of America |                                                  | State of Nationality               | State of Residence                                 |
|                                                                                                                   |                                                  | Telephone No.                      |                                                    |
|                                                                                                                   |                                                  | Facsimile No.                      |                                                    |
|                                                                                                                   |                                                  | E-mail address                     |                                                    |

|                                                                                                                   |                                                                               |                                      |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|
| 2. The International Bureau hereby notifies the applicant that the following change has been recorded concerning: |                                                                               |                                      |
| <input type="checkbox"/> the person                                                                               | <input type="checkbox"/> the name                                             | <input type="checkbox"/> the address |
| <input type="checkbox"/> the nationality                                                                          | <input type="checkbox"/> the residence                                        |                                      |
| Name and Address                                                                                                  | State of Nationality                                                          | State of Residence                   |
|                                                                                                                   | Telephone No.                                                                 |                                      |
|                                                                                                                   | Facsimile No.                                                                 |                                      |
|                                                                                                                   | E-mail address<br><input type="checkbox"/> Notifications by e-mail authorized |                                      |

|                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------|
| <p>3. Further observations, if necessary:<br/> The person identified in Box 1 has been deleted from the records.</p> |
|----------------------------------------------------------------------------------------------------------------------|

|                                                  |                                                       |                                     |                                                   |
|--------------------------------------------------|-------------------------------------------------------|-------------------------------------|---------------------------------------------------|
| 4. A copy of this notification has been sent to: |                                                       | <input type="checkbox"/>            | the International Preliminary Examining Authority |
| <input checked="" type="checkbox"/>              | the receiving Office                                  | <input checked="" type="checkbox"/> | the designated Offices concerned                  |
| <input type="checkbox"/>                         | the International Searching Authority                 | <input type="checkbox"/>            | the elected Offices concerned                     |
| <input type="checkbox"/>                         | the Authority(ies) specified for supplementary search | <input type="checkbox"/>            | other:                                            |

|                                                                                                        |                                                                                                           |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <p>The International Bureau of WIPO<br/>34, chemin des Colombettes<br/>1211 Geneva 20, Switzerland</p> | <p>Authorized officer</p> <p style="text-align: right;">Doherty Fiona</p>                                 |
| <p>Facsimile No. +41 22 338 89 95</p>                                                                  | <p>e-mail <a href="mailto:pt04.pct@wipo.int">pt04.pct@wipo.int</a><br/>Telephone No. +41 22 338 74 04</p> |

From the INTERNATIONAL BUREAU

**PCT**NOTIFICATION OF THE RECORDING  
OF A CHANGE(PCT Rule 92bis.1 and  
Administrative Instructions, Section 422)

To:

WULFF, Steven  
c/o K&L Gates  
Level 25, South Tower  
525 Collins Street  
Melbourne, Victoria 3000  
AUSTRALIE

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| Date of mailing (day/month/year)<br><b>10 May 2016 (10.05.2016)</b> | <b>IMPORTANT NOTIFICATION</b>                                                      |
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|                                                                                                                           |                                                                               |                                      |
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| 1. The following indications appeared on record concerning:                                                               |                                                                               |                                      |
| <input type="checkbox"/> the applicant                                                                                    | <input checked="" type="checkbox"/> the inventor                              | <input type="checkbox"/> the agent   |
| <input type="checkbox"/> the common representative                                                                        |                                                                               |                                      |
| Name and Address<br><b>MOR, Gil<br/>817 Wallingford Road<br/>Cheshire, Connecticut 06140<br/>United States of America</b> | State of Nationality                                                          | State of Residence                   |
|                                                                                                                           | Telephone No.                                                                 |                                      |
|                                                                                                                           | Facsimile No.                                                                 |                                      |
|                                                                                                                           | E-mail address                                                                |                                      |
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| <input type="checkbox"/> the person                                                                                       | <input type="checkbox"/> the name                                             | <input type="checkbox"/> the address |
| <input type="checkbox"/> the nationality                                                                                  | <input type="checkbox"/> the residence                                        |                                      |
| Name and Address                                                                                                          | State of Nationality                                                          | State of Residence                   |
|                                                                                                                           | Telephone No.                                                                 |                                      |
|                                                                                                                           | Facsimile No.                                                                 |                                      |
|                                                                                                                           | E-mail address<br><input type="checkbox"/> Notifications by e-mail authorized |                                      |
| 3. Further observations, if necessary:<br>The person identified in Box 1 has been deleted from the records.               |                                                                               |                                      |
| 4. A copy of this notification has been sent to:                                                                          |                                                                               |                                      |
| <input checked="" type="checkbox"/> the receiving Office                                                                  | <input type="checkbox"/> the International Preliminary Examining Authority    |                                      |
| <input type="checkbox"/> the International Searching Authority                                                            | <input checked="" type="checkbox"/> the designated Offices concerned          |                                      |
| <input type="checkbox"/> the Authority(ies) specified for supplementary search                                            | <input type="checkbox"/> the elected Offices concerned                        |                                      |
|                                                                                                                           | <input type="checkbox"/> other:                                               |                                      |

|                                                                                               |                                                                                                              |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| The International Bureau of WIPO<br>34, chemin des Colombettes<br>1211 Geneva 20, Switzerland | Authorized officer<br><br><b>Doherty Fiona</b><br>e-mail pt04.pct@wipo.int<br>Telephone No. +41 22 338 74 04 |
| Facsimile No. +41 22 338 89 95                                                                |                                                                                                              |