

HULSEY CALHOUN P.C.

Intellectual Property Lawyers

Srinivas Devathi

August 01, 2014

Re: Monthly Hulsey Calhoun Statement

Please find your statement for services rendered through the date appearing on the attached statement. For your convenience, we have also provided a summary of your account below. Very recent payments may not be reflected; however, if you have any questions or concerns, please do not hesitate to contact us.

Total Current Billing:	3127.00
Previous Balance Due:	0.00
Payments Received:	3127.00
Total Now Due:	0.00

As always, we appreciate the opportunity to serve you now and the future.

Best Regards,

William N. Hulsey III
Principal
Hulsey Calhoun, P.C.

Statement as of 8/1/2014
Statement no 524

Srinivas Devathi

1268.003: DEVA001WO

Professional Services	Hours	Rate	Amount
08/01/2014 JM Preparation of PCT Application.	0.00	0.00	1,000.00
			<hr/>
			Sub-total Fees: \$1,000.00

Expenses	Units	Price	Amount
07/15/2014 Filing Fee.	1.00	2,127.00	2,127.00
			<hr/>
			Sub-total Expenses: \$2,127.00

Payments			
08/01/2014 Payment Trust Application			3,127.00
			<hr/>
			Sub-total Payments: \$3,127.00

Trust Account			
			Beginning Balance: \$0.00
08/01/2014 Trust Application			(3,127.00)
07/08/2014 Payment for PCT filing			3,500.00
			<hr/>
			Ending Balance: \$373.00

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	Total Fees and Expenses:		\$3,127.00
	Previous Balance Due:		\$0.00
	Total Payments:		\$3,127.00
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	Total Now Due:		\$0.00

Srinivas Devathi

Tax Identification No.:
Statement as of 8/1/2014

Statement No.: 524

Previous Statement Balance	0.00
Current Billing Activity	
Interest/Tax	0.00
Legal Services Rendered	1,000.00
Disbursements and Other Costs Incurred	2,127.00
Total Current Billing	3,127.00
Payments Received:	3,127.00
Total Now Due:	\$0.00



Payment Type: () Check/Money Order

() Credit Card (Complete Authorization)

Credit Card Authorization

() Visa () MasterCard () Discover () American Express

Amount enclosed: \$ _____

Card Number: _____

Remit to:

Expiration Date ____/____/____

Amount _____

Please return this page with your payment.

Card Holder Name

Card Holder Address

Card Holder Signature
