


**Form 30**  
**The Patents ACT, 1970**  
**(39 of 1970)**  
**And**  
**THE PATENTS RULES, 2003**  
**TO BE USED WHEN NO OTHER FORM IS PRESCRIBED**  
**[See sub-rule (2) of Rule 8]**

|   |  |
|---|--|
| 1. Name of the Applicant/Patentee/Other   | IONIS PHARMACEUTICALS, INC.,   |
| 2. Complete address including postal index number/code and State along with e-mail ID, telephone, mobile and fax number | 2855 Gazelle Court, Carlsbad, CA 92010, USA  |
| 3. Application No. /Patent no.  | 201847020374   |
| 4. Relevant section/ rules  | Section 14   |
| 5. Purpose of request   | Submission of Claim Fees for two extra claims, i.e., Rs.3200/- (Rs.1600/- x 2) to address objection of Hearing Notice            |
| 6. Details of request   | Submission of Claim Fees for two extra claims, i.e., Rs.3200/- (Rs.1600/- x 2) to address objection of Hearing Notice            |
| 7. To be signed by Agent  |   |
| 8. Name of the Natural person who has signed along with designation and official seal, if any.                          | <b>Devinder Singh Rawat</b><br><b>IN/PA No. 2594</b><br><b>Of Anand And Anand Advocates</b><br><b>Attorney for the applicant</b> |
|   | To,<br>The Controller of Patents,<br>The Patent Office,<br>Chennai   |



**Our Ref.: 28117/P-3**

**May 2, 2024**

The Controller of Patents  
The Patent Office  
Chennai

**Kind Attn: Parvathy S**  
**Controller of Patents**

**Re. Indian Patent Application Number: 201847020374**  
**Applicant: IONIS PHARMACEUTICALS, INC.**

Respected Sir,

We write in respect of the above application and are submitting herewith Claim Fees for two newly added claims, i.e., Rs.3200/- (Rs.1600/- x 2) to address objection of Hearing Notice

We request the Learned Controller to kindly take the same on record.

Yours faithfully,

**Devinder Singh Rawat**  
**IN/PA No. 2594**  
**Of Anand And Anand Advocates**  
**Attorney for the applicant**

**Encl: As stated above**