From: PTAB Hearings

To: Shi, Lindsey Y., PTAB Hearings, LEAP

Cc: Baker, W. Todd; Dou, Yimeng; Bobo, Pat; Cunningham, Larena; Easton, Gregory; Favor, Jamel; Gerukos, Sylvia;

Swift, Erica

**Subject:** RE: IPR2022-00202 and IPR2022-00291 (LEAP Practitioner Request and Verification Form)

**Date:** Monday, February 13, 2023 9:49:10 AM

Attachments: (L. Shi) LEAP Practitioner Request and Verification Form.pdf

### Good morning:

Petitioner's request that Lindsey Shi be permitted to participate in the oral hearing as a LEAP practitioner is granted. Petitioner is granted an additional fifteen minutes of argument time during the oral hearing. For guidance regarding LEAP, please visit the USPTO website: <a href="www.uspto.gov/leap">www.uspto.gov/leap</a>.

Sincerely,

## **PTAB** Hearings

From: Shi, Lindsey Y. lindsey.shi@kirkland.com>

**Sent:** Friday, February 10, 2023 4:40 PM

To: PTAB Hearings < PTABHearings@USPTO.GOV>; LEAP < LEAP@uspto.gov>

**Cc:** Baker, W. Todd <todd.baker@kirkland.com>; Dou, Yimeng <yimeng.dou@kirkland.com> **Subject:** IPR2022-00202 and IPR2022-00291 (LEAP Practitioner Request and Verification Form)

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To the Honorable Board,

Regarding IPR2022-00202 and IPR2022-291 (joint hearing 02/17/2023), please find attached my LEAP Practitioner Request and Verification Form. Please let me know if I can provide the Board with any additional information relevant to this request.

Best.

Lindsey Shi (*pro hac vice* admission) Counsel for Petitioner Epic Games, Inc.

#### **Lindsey Shi**

He/Him/His

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#### KIRKLAND & ELLIS LLP

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#### lindsey.shi@kirkland.com

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# LEAP PRACTITIONER VERIFICATION FORM AND REQUEST FOR ORAL HEARING PARTICIPATION

On behalf of

requests to participate in the oral hearing in on its scheduled date, as noted below.

Pursuant to 28 U.S.C. § 1746, I, , certify that I am eligible to participate in the Legal Experience and Advancement Program (LEAP) program. I have three or fewer substantive oral hearing arguments before federal tribunals, including PTAB.

I certify/verify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Hearing Information		
Requesting Party:		
Appeal/Case/Control Number:		
Hearing Date (mm/dd/yyyy):		
<b>LEAP Practitioner Contact Informat</b>	ion	
LEAP Practitioner Name:		
Firm Name:		
Street Address 1:		
Street Address 2:		
City:		
State/Province:	Zip/Postal Code:	
Country:	Phone Number:	
Email:		

Date:

(Signature)



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