

From: [Jackson, Danielle \(PTAB\)](#)
To: [Michael Rader](#)
Cc: [WGS-BlueCatBiov.YAL@WolfGreenfield.com](#); [Jason Shapiro](#); [Mark J. DeBoy](#); [AusBioPGR@usiplaw.com](#); [Cannon, Kulunie](#); [Swift, Erica](#)
Subject: RE: PGR2020-00051 LEAP
Date: Thursday, September 9, 2021 2:25:10 PM

Good afternoon,

Petitioner's request that Emma L. Frank 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: www.uspto.gov/leap.

V/R

J. Danielle Jackson
(571) 270.0629//[Miss:Ms.:She:Her](#)
Virginia – [Eastern Time Zone](#)

From: Michael Rader <Michael.Rader@WolfGreenfield.com>
Sent: Thursday, September 9, 2021 11:42 AM
To: PTAB Hearings <PTABHearings@USPTO.GOV>
Cc: WGS-BlueCatBiov.YAL@WolfGreenfield.com; Jason Shapiro <js@usiplaw.com>; Mark J. DeBoy <mjd@usiplaw.com>; AusBioPGR@usiplaw.com
Subject: PGR2020-00051

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Dear Honorable Board,

Pursuant to the Order Setting Oral Argument (Paper 68) in the above-captioned matter, Petitioner BlueCatBio MA Inc. submits the attached request for participation in the Board's Legal Experience and Advancement Program (LEAP) from Attorney Emma Frank, who will conduct a portion of the argument for Petitioner. In connection with this request, Petitioner requests fifteen minutes of additional argument time for its presentation at the Oral Hearing. If you have any questions, please feel free to contact me.

Thank you for your consideration.

Michael Rader

Lead Counsel for Petitioner



Michael N. Rader

Shareholder

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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, and seven or fewer years since first licensure as an attorney or patent agent.

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):

LEAP Practitioner Contact Information

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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