Swift, Erica

From: **PTAB Hearings**

Sent: Thursday, December 9, 2021 6:26 AM

To: Klodowski, Daniel

Cc: Cook, Elliot; High, Robert; mphillips@lpiplaw.com; 'Derek Meeker';

klaurence@lpiplaw.com; Cannon, Kulunie; Swift, Erica; Gerukos, Sylvia; Bobo, Pat

RE: LEAP Participation Requests - PGR2020-00079 Subject:

Good morning,

Petitioner's request that Daniel Klodowski and Robert High 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.

From: Klodowski, Daniel < Daniel. Klodowski@finnegan.com>

Sent: Tuesday, December 7, 2021 2:56 PM

To: PTAB Hearings < PTABHearings@USPTO.GOV>

Cc: Cook, Elliot <Elliot.Cook@finnegan.com>; High, Robert <Robert.High@finnegan.com>; mphillips@lpiplaw.com;

'Derek Meeker' <dmeeker@lpiplaw.com>; klaurence@lpiplaw.com

Subject: LEAP Participation Requests - PGR2020-00079

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Dear PTAB,

Per the attached LEAP Practitioner Request and Verification Forms, attorneys Daniel Klodowski and Robert High each request participation in the PTAB's LEAP program on behalf of Petitioner Shure Incorporated in PGR2020-00079. The oral argument for this case is scheduled for December 14, 2021, via videoconference.

Counsel of record for Patent Owner have been copied on this request.

Best regards,

Dan

Daniel F. Klodowski

Attorney at Law

Finnegan, Henderson, Farabow, Garrett & Dunner, LLP 901 New York Avenue, NW, Washington, DC 20001-4413 +1 202 408 4216 | fax +1 202 408 4400 | daniel.klodowski@finnegan.com | www.finnegan.com

FINNEGAN





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):	
LEAP Practitioner Contact Information	n
LEAP Practitioner Name:	
Firm Name:	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	Zip/Postal Code:
Country:	Phone Number:
Email:	

Date:

(Signature)



Privacy Act Statement

The United States Patent and Trademark Offic (USPTO) collects this information under authority of 35 U.S.C. 2(b)(2). The information you provide will be used to register to participate in Agency-sponsored events and programs designed to disseminate information to the public on topics related to patents and trademarks. This system includes information about individuals who have requested participation in an Agency-sponsored event or program. The information is protected from disclosure to third parties in accordance with the Privacy Act. However, routine uses of this information may include disclosure to the following: to non-Federal personnel under contract to the Agency; to a court for adjudication and litigation; to the Department of Justice for Freedom of Information Act (FOIA) assistance; to members of Congress; and to National Archives and Records Administration. If you do not furnish the requested information, the USPTO may not be able to process your request for participation in the event or program. The applicable Privacy Act System of Records Notice for this information request is PAT-TM-19, Dissemination Events and Registrations: Federal Register vol. 71 December 27, 2006, page 77739, available at https://www.federalregister.gov/documents/2006/12/27/E6-22122/privacy-act-of-1974-system-of-records



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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	n
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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