

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: www.uspto.gov/leap.

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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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	
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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