

**From:** [Favor, Jamel](#)  
**To:** [Meredith Addy](#); [PTAB Hearings](#)  
**Cc:** [#Meta-Thales-IPR](#); [Thales Meta IPRs](#); [Gentex-IPR@wc.com](#); [Todd.baker@kirkland.com](#); [sghosh@wc.com](#); [Swift, Erica](#); [Cannon, Kulunie](#); [Gerukos, Sylvia](#); [Dixon, Andrew](#); [Bobo, Pat](#); [Easton, Gregory](#); [Cunningham, Larena](#)  
**Subject:** RE: IPR2022-01304, IPR2022-01305 & IPR2022-01308 LEAP  
**Date:** Friday, December 1, 2023 2:29:21 PM  
**Attachments:** [IPR2022-01304 -1305 -1308 - LEAP Request and Verification Form Debmallo Shayon Ghosh.pdf](#)  
[image001.png](#)

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Greetings,

Patent Owner's request that Debmallo Shayon Ghosh be permitted to participate in the oral hearing as a LEAP practitioner is granted. Patent Owner is granted an additional fifteen minutes of argument time during the oral hearing, and reminded that the LEAP practitioner is required to have a meaningful and substantive opportunity to argue. For guidance regarding LEAP, please visit the USPTO website: [www.uspto.gov/leap](http://www.uspto.gov/leap).

Sincerely,

PTAB Hearings

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**From:** Meredith Addy <[meredith@addyhart.com](mailto:meredith@addyhart.com)>  
**Sent:** Friday, December 1, 2023 10:47 AM  
**To:** PTAB Hearings <[PTABHearings@USPTO.GOV](mailto:PTABHearings@USPTO.GOV)>  
**Cc:** Favor, Jamel <[Jamel.Favor@uspto.gov](mailto:Jamel.Favor@uspto.gov)>; [#Meta-Thales-IPR](#) <[Meta-Thales-IPR@kirkland.com](mailto:Meta-Thales-IPR@kirkland.com)>; [Thales Meta IPRs](#) <[thales-meta-iprs@addyhart.com](mailto:thales-meta-iprs@addyhart.com)>; [Gentex-IPR@wc.com](#)  
**Subject:** FW: IPR2022-01304, IPR2022-01305 & IPR2022-01308 LEAP

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Your Honors:

An oral hearing is scheduled for December 7, 2023, in *Meta Platforms, Inc. v. Thales Visionix, Inc.*, IPR2022-01304, IPR2022-01305, and IPR2022-01308.

As requested below, please find attached Patent Owner Thales Visionix, Inc.'s single LEAP request for all three consolidated hearings for attorney D. Shayon Ghosh to participate as a LEAP practitioner Thank you for your consideration.

Best regards,  
Meredith Martin Addy

Meredith Martin Addy | **ADDYHART P.C.** | +1 312 320 4200

On 12/1/23, 8:49 AM, "Favor, Jamel" <[Jamel.Favor@uspto.gov](mailto:Jamel.Favor@uspto.gov)> wrote:

Good Morning,

Please resubmit the LEAP request form with all three hearings on one the form. Due to this being a consolidated hearing the LEAP practitioner will be granted a total of fifteen additional minutes of argument time during the oral hearing.

V/R,

Jamel B. Favor

PTAB Administrative Management Specialist

United States Patent and Trademark Office

On 11/30/23, 7:08 PM, "Meredith Addy" [meredith@addyhart.com](mailto:meredith@addyhart.com) wrote:

Your Honors,

An oral hearing is scheduled for December 7, 2023, in *Meta Platforms, Inc. v. Thales Visionix, Inc.*, IPR2022-01304, IPR2022-01305, and IPR2022-01308. Please find attached Patent Owner Thales Visionix, Inc.'s Request and Verification Form for attorney D. Shayon Ghosh to participate in the oral hearing as a LEAP practitioner in each of the foregoing proceedings. Thank you.

Respectfully submitted,

Meredith Martin Addy



**MEREDITH MARTIN  
ADDY**  
Partner

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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.

| <b>Hearing Information</b>                   |                  |
|----------------------------------------------|------------------|
| Requesting Party:                            |                  |
| Appeal/Case/Control Number:                  |                  |
| Hearing Date (mm/dd/yyyy):                   |                  |
| <b>LEAP Practitioner Contact Information</b> |                  |
| 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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