

**From:** [PTAB Hearings](#)  
**To:** [PTAB Hearings](#); [Jennifer.Bailey@EriseIP.com](mailto:Jennifer.Bailey@EriseIP.com)  
**Cc:** [Adam.seitz@eriseip.com](mailto:Adam.seitz@eriseip.com); [peter@noroozipc.com](mailto:peter@noroozipc.com); [Katherine.rhoades@bartlitbeck.com](mailto:Katherine.rhoades@bartlitbeck.com); [Easton, Gregory](#); [Cannon, Kulunie](#); [Gerukos, Sylvia](#); [Swift, Erica](#); [Cunningham, Larena](#); [Bobo, Pat](#); [Favor, Jamel](#)  
**Subject:** RE: Apple v. Zentian; IPR Nos. 2023-00033, -00034, -00035, -00036, -00037; Request for LEAP Participation  
**Date:** Wednesday, February 28, 2024 9:33:54 AM  
**Attachments:** [Christina Canino LEAP request.pdf](#)

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Greetings,

Petitioner's request that Christina Canino 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, 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:** Trials <Trials@USPTO.GOV>  
**Sent:** Tuesday, February 27, 2024 9:23 AM  
**To:** PTAB Hearings <PTABHearings@USPTO.GOV>  
**Cc:** Trials <Trials@USPTO.GOV>; Cannon, Kulunie <Kulunie.Cannon@USPTO.GOV>  
**Subject:** FW: Apple v. Zentian; IPR Nos. 2023-00033, -00034, -00035, -00036, -00037; Request for LEAP Participation

Good morning,

Please see below (and the attached).

Best,  
Esther

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**From:** Jennifer Bailey <[jennifer.bailey@eriseip.com](mailto:jennifer.bailey@eriseip.com)>  
**Sent:** Tuesday, February 27, 2024 9:12 AM  
**To:** Trials <[Trials@USPTO.GOV](mailto:Trials@USPTO.GOV)>  
**Cc:** Chalynda Giles <[chalynda.giles@eriseip.com](mailto:chalynda.giles@eriseip.com)>; Peter Knops <[peter@noroozipc.com](mailto:peter@noroozipc.com)>; Katherine Rhoades <[katherine.rhoades@bartlitbeck.com](mailto:katherine.rhoades@bartlitbeck.com)>; Nevin Gewertz <[nevin.gewertz@bartlitbeck.com](mailto:nevin.gewertz@bartlitbeck.com)>; Adam P. Seitz <[adam.seitz@eriseip.com](mailto:adam.seitz@eriseip.com)>; Adam Sandwell <[adam.sandwell@eriseip.com](mailto:adam.sandwell@eriseip.com)>; Kevin Rongish <[kevin.rongish@eriseip.com](mailto:kevin.rongish@eriseip.com)>; Christina Canino <[christina.canino@eriseip.com](mailto:christina.canino@eriseip.com)>; Kayvan Noroozi <[kayvan@noroozipc.com](mailto:kayvan@noroozipc.com)>; [PTAB@eriseip.com](mailto:PTAB@eriseip.com); Jennifer Bailey <[jennifer.bailey@eriseip.com](mailto:jennifer.bailey@eriseip.com)>

**Subject:** Apple v. Zentian; IPR Nos. 2023-00033, -00034, -00035, -00036, -00037; Request for LEAP Participation

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To the Board:

The undersigned is lead counsel for Petitioner, Apple Inc., in IPR2023-00035. Counsel for Patent Owner is copied on this email.

Petitioner submits a request for participation in the LEAP program. Attached is a combined LEAP Practitioner Request and Verification form in advance of the hearing scheduled for March 12th in the matter of IPR2023-00035.

Please let me know if anything further is needed.

Jennifer

**Jennifer Bailey (she/her)**

shareholder

**P** 913.777.5600 **D** 913.777.5641

**erise IP**

7015 College Blvd., Ste. 700

Overland Park, KS 66211

## 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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