

**From:** [PTAB Hearings](#)  
**To:** [Alan.Billharz@allenoverly.com](mailto:Alan.Billharz@allenoverly.com); [PTAB Hearings](#)  
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**Subject:** RE: LEAP Participation Request (IPR2023-00057, -00058, -00059, -00060)  
**Date:** Thursday, February 1, 2024 11:27:21 AM  
**Attachments:** [LEAP Alan Billharz \(IPR2023-00057 -00058 -00059 -00060\).pdf](#)

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Greetings,

Petitioner's request that Alan M. Billharz 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:** Alan.Billharz@allenoverly.com <Alan.Billharz@allenoverly.com>  
**Sent:** Thursday, February 1, 2024 9:03 AM  
**To:** PTAB Hearings <PTABHearings@USPTO.GOV>  
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**Subject:** LEAP Participation Request (IPR2023-00057, -00058, -00059, -00060)

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Dear Board:

I would greatly appreciate an opportunity to participate as a LEAP practitioner in the upcoming oral hearing for *Meta Platforms, Inc. v. Angel Technologies Group LLC* (IPR2023-00057, -00058, -00059, -00060), scheduled on February 13, 2024.

I have attached my completed LEAP Practitioner Request and Verification Form. Please let me know if you have any questions or require additional information.

Best regards,  
Alan Billharz

**Alan M. Billharz**  
**Allen & Overly LLP**

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[alan.billharz@allenoverly.com](mailto:alan.billharz@allenoverly.com)

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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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