

From: [PTAB Hearings](#)
To: [McClellen, Forrest M.](#); [PTAB Hearings](#)
Cc: [Lululemon-Nike-IPR](#); [Sebba, Michael](#); [xNIKE-lululemonIPRs](#); [Yap, Alex S.](#); [aaron.bowling@arnoldporter.com](#)
Subject: RE: IPR2023-00180, -189 -- LEAP Practitioner Forms
Date: Thursday, February 8, 2024 8:27:27 AM
Attachments: [Jean Nguven LEAP request.pdf](#)
[image001.png](#)

Greetings,

Petitioner's request that Jean Nguyen 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.

Sincerely,

PTAB Hearings

From: McClellen, Forrest M. <FMcClellen@mofo.com>
Sent: Wednesday, February 7, 2024 11:56 PM
To: PTAB Hearings <PTABHearings@USPTO.GOV>
Cc: Lululemon-Nike-IPR <Lululemon-Nike-IPR@mofo.com>; xNIKE-lululemonIPRs <xNIKE-lululemonIPRs@arnoldporter.com>
Subject: IPR2023-00180, -189 -- LEAP Practitioner Forms

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Dear Honorable Board,

Pursuant to the Board's order setting oral argument in IPR2023-00180 (Paper 30) and IPR2023-00189 (Paper 29), Petitioner respectfully requests an 15 extra minutes of argument in each proceeding for Petitioner under the Board's LEAP program (forms attached).

Thank you,

Forrest McClellen (he/him)

Associate

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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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