

From: [PTAB Hearings](#)
To: [Ben J. Mahon](#); [Trials](#); [PTAB Hearings](#)
Cc: [Krumplitsch, Susan](#); [Harwood, Melissa](#); [334PGR](#); [Brad P. Loren](#); [Alex Menchaca](#); [Swift, Erica](#); [Tucker, Torie](#); [Gerukos, Sylvia](#); [Favor, Jamel](#); [Easton, Gregory](#); [Cunningham, Larena](#); [Bobo, Pat](#); michael.sitzman@us.dlapiper.com
Subject: RE: PGR2023-00043, Intas Pharm. Ltd. v. Atossa Therapeutics, Inc. - LEAP Program
Date: Tuesday, October 22, 2024 10:23:40 AM
Attachments: [Bradley Loren LEAP Practitioner Request.pdf](#)
[image001.png](#)

Greetings,

Petitioner's request that Bradley Loren 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: Ben J. Mahon <BMahon@mcandrews-ip.com>
Sent: Monday, October 21, 2024 4:30 PM
To: Trials <Trials@USPTO.GOV>; PTAB Hearings <PTABHearings@USPTO.GOV>
Cc: Krumplitsch, Susan <Susan.Krumplitsch@us.dlapiper.com>; Harwood, Melissa <Melissa.Harwood@us.dlapiper.com>; 334PGR <334PGR@mcandrews-ip.com>; Brad P. Loren <BLoren@mcandrews-ip.com>; Alex Menchaca <AMENCHACA@mcandrews-ip.com>
Subject: RE: PGR2023-00043, Intas Pharm. Ltd. v. Atossa Therapeutics, Inc. - LEAP Program

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[Corrected email address for PTABhearings@uspto.gov]

Dear Honorable Board:

Petitioner notifies the Board of its intent to participate in the LEAP program and have associate Bradley Loren present a portion of Petitioner's presentation. A LEAP Practitioner Request and Verification Form is attached.

Best,

Ben Mahon
Counsel for Petitioner Intas Pharmaceuticals



McAndrews

Ben Mahon

Attorney at Law

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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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