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To: [PTAB Hearings](#); ABlythe@gibsondunn.com
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Subject: RE: LEAP Practitioner Verification Form (IPR2023-01369)
Date: Monday, November 25, 2024 1:49:26 PM
Attachments: [2024-11-24 LEAP Request and Verification Form - Andrew Blythe \(IPR2023-01369\).pdf](#)

Greetings,

Patent Owner's request that Andrew Blythe 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.

Sincerely,

PTAB Hearings

From: Blythe, Andrew Philip <ABlythe@gibsondunn.com>
Sent: Monday, November 25, 2024 11:28 AM
To: PTAB Hearings <PTABHearings@USPTO.GOV>
Cc: Jacobsen, Charlotte <CJacobsen@gibsondunn.com>; Krevitt, Josh <JKrevitt@gibsondunn.com>; Chung, Jaysen S. <JSChung@gibsondunn.com>
Subject: LEAP Practitioner Verification Form (IPR2023-01369)

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To the Board,

I represent Patent Owner in IPR2023-01369, and I am writing to submit the attached LEAP Practitioner Verification Form and Request for Oral Hearing Participation in advance of the oral hearing scheduled on December 3, 2024.

Please let us know if anything further is required on behalf of Patent Owner in respect of this submission. Thank you for your consideration of this request.

Sincerely,

Andrew Blythe (Reg. No. 75,014)
Counsel for Patent Owner Dental Monitoring SAS

Andrew Philip Blythe
Associate Attorney

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**LEAP PRACTITIONER VERIFICATION FORM AND REQUEST FOR ORAL
HEARING PARTICIPATION**On behalf of Patent Owner Dental Monitoring SAS,Andrew Blythe requests to participate in the oral hearing in
IPR2023-01369 on its scheduled date, as noted below.

Pursuant to 28 U.S.C. § 1746, I, Andrew Blythe, 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 InformationRequesting Party: Dental Monitoring SASAppeal/Case/Control Number: IPR2023-01369Hearing Date (mm/dd/yyyy): 12/03/2024**LEAP Practitioner Contact Information**LEAP Practitioner Name: Andrew BlytheFirm Name: Gibson, Dunn & Crutcher LLPStreet Address 1: 3161 Michelson Dr.

Street Address 2: _____

City: IrvineState/Province: CAZip/Postal Code: 92612Country: USAPhone Number: 949-451-3926Email: ablythe@gibsondunn.comDate: 11/24/2024

(Signature)



Reg. No. 75,014

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