

BTXN 191 (rev. 12/24)

AUDIO / TRANSCRIPT ORDER

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|--|---|--|---|--|-----------------------|
| 1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT | | 2. DATE OF ORDER: April 16, 2025 | | | |
| 3. NAME: Hugh M. Ray, III | | 4. PHONE NUMBER: 713-276-7600 | | 5. EMAIL ADDRESS: hugh.ray@pillsburylaw.com | |
| 6. MAILING ADDRESS: 609 Main Street Suite 2000 | | 7. CITY: Houston | | 8. STATE: TX | 9. ZIP CODE: 77002 |
| 10. CASE NUMBER: 24-80040 | 11. CASE NAME: In re Eiger BioPharmaceuticals, Inc. | 12. JUDICIAL OFFICIAL: Stacey G. Jernigan | 13. DATE OF PROCEEDING: FROM: 04/ 15 /2025 | | |
| 14. ORDER: | | | | | |
| ORDINARY | | 7 DAY EXPEDITED | | DAILY | |
| A. <input type="checkbox"/> | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| | | 14 DAY EXPEDITED | | 3 DAY EXPEDITED | |
| | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s): | | | | | |
| PORTION(S) | | | | | |
| <input checked="" type="checkbox"/> Entire Hearing Time began: 9:30 AM (CT) | | | | | |
| <input type="checkbox"/> Court Ruling | | | | | |
| <input type="checkbox"/> Witness Testimony | | | | | |
| <input type="checkbox"/> Other: (Specify) | | | | | |
| | | | | | |
| | | | | | |
| CERTIFICATION | | | 16. SIGNATURE: <i>/s/ Hugh M. Ray, III</i> | | |
| By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber). | | | 17. DATE: April 16, 2025 | | |



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