

AO 435  
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

Docket #1508 Date Filed: 10/4/2024

**TRANSCRIPT ORDER**

**DUE DATE:**

*Please Read Instructions:*

1. NAME Jason S. Brookner		2. PHONE NUMBER (469) 320-6096		3. DATE 10/4/2024	
4. DELIVERY ADDRESS OR EMAIL vsalazar@grayreed.com			5. CITY		6. STATE
8. CASE NUMBER 23-03091		9. JUDGE Hon. Marvin P. Isgur		DATES OF PROCEEDINGS	
			10. FROM 10/2/2024		11. TO 10/3/2024
12. CASE NAME Wesco Aircraft Holdings, Inc. v. SSD Investments Ltd.			LOCATION OF PROCEEDINGS		
			13. CITY Houston		14. STATE TX
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> IN FORMA PAUPERIS					
<input type="checkbox"/> OTHER					

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	Oct. 2-3 - entire hearings
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

**17. ORDER**

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)  
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL 0.00

18. SIGNATURE /s/ Jason S. Brookner			PROCESSED BY		
19. DATE 10/4/2024			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUND <sup>(F)</sup>		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		



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