

AO 435
(Rev. 04/11)

Administrative Office of the U

Docket #2292 Date Filed: 10/30/2024

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME John P. Melko, Foley & Lardner LLP		2. PHONE NUMBER (713) 276-5500		3. DATE 10/30/2024	
4. MAILING ADDRESS jmelko@foley.com; rdiep@foley.com			5. CITY Houston		6. STATE TX
7. ZIP CODE 77002					
8. CASE NUMBER 23-90611		9. JUDGE Isgur		DATES OF PROCEEDINGS	
				10. FROM 10/29/2024	11. TO 10/29/2024
12. CASE NAME Wesco Aircraft Holdings, Inc., et al			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)	10/29/2024
<input type="checkbox"/> SENTENCING		Entire Status Conference	
<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		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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/ John P. Melko		PROCESSED BY	
19. DATE 10/30/2024		PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY		COURT ADDRESS	
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED			LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE

