

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURT

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Sarah Link Schultz		2. PHONE NUMBER (214) 969-4633		3. DATE 9/29/2025	
4. DELIVERY ADDRESS OR EMAIL bkemp@akingump.com		5. CITY Dallas		6. STATE TX	7. ZIP CODE 75201
8. CASE NUMBER 24-90448	9. JUDGE Alfredo R. Perez	DATES OF PROCEEDINGS			
		10. FROM 9/23/2025	11. TO 9/23/2025		
12. CASE NAME Rhodium Encore LLC		LOCATION OF PROCEEDINGS			
		13. CITY Houston	14. STATE Texas		
15. ORDER FOR					
☐ APPEAL		☐ CRIMINAL		☐ CRIMINAL JUSTICE ACT	
☐ NON-APPEAL		☐ CIVIL		☒ BANKRUPTCY	
		☐ IN FORMA PAUPERIS		☐ OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
☐ VOIR DIRE				☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)					
☐ OPENING STATEMENT (Defendant)					
☐ CLOSING ARGUMENT (Plaintiff)				☐ PRE-TRIAL PROCEEDING (Specy)	
☐ CLOSING ARGUMENT (Defendant)					
☐ OPINION OF COURT					
☐ JURY INSTRUCTIONS				☒ OTHER (Specify)	
☐ SENTENCING				9/23/25 Entire Hearing	
☐ 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	☐	☐	NO. OF COPIES		
14-Day	☐	☐	NO. OF COPIES		
EXPEDITED	☐	☐	NO. OF COPIES		
3-Day	☐	☐	NO. OF COPIES		
DAILY	☒	☐	NO. OF COPIES		
HOURLY	☐	☐	NO. OF COPIES		
REALTIME	☐	☐			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Sarah Link Schultz				PROCESSED BY	
19. DATE September 29, 2025				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	
				0.00	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUND	
				TOTAL DUE	



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