

AO 435  
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

**TRANSCRIPT ORDER**

**DUE DATE:**

*Please Read Instructions:*

1. NAME <b>Charles R. Koster</b>		2. PHONE NUMBER <b>(713) 496-9700</b>		3. DATE <b>9/20/2024</b>	
4. DELIVERY ADDRESS OR EMAIL <b>charles.koster@whitecase.com / dreznik@whitecase.com</b>			5. CITY <b>Houston</b>		7. ZIP CODE <b>77002</b>
8. CASE NUMBER <b>24-90377</b>		9. JUDGE <b>Marvin P. Isgur</b>		DATES OF PROCEEDINGS	
		10. FROM <b>9/20/2024</b>		11. TO <b>9/20/2024</b>	
12. CASE NAME <b>Zachry Holdings Inc.</b>			LOCATION OF PROCEEDINGS		
13. CITY <b>Houston</b>		14. STATE <b>Texas</b>			
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"/> 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)	
<input type="checkbox"/> SENTENCING		<b>Entire Proceeding</b>	
<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 type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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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 <b>/s/ Charles R. Koster</b>			PROCESSED BY		
19. DATE <b>9/20/2024</b>			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
		DATE			BY
ORDER RECEIVED					
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 <sup>(F)</sup>
					TOTAL DUE



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