

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Charles R. Koster		2. PHONE NUMBER (713) 496-9700		3. DATE 10/2/2024	
4. DELIVERY ADDRESS OR EMAIL charles.koster@whitecase.com /dreznik@whitecase.com			5. CITY Houston		6. STATE TX
7. ZIP CODE 77002					
8. CASE NUMBER 24-90377		9. JUDGE Marvin P. Isgur		DATES OF PROCEEDINGS	
				10. FROM 9/30/2024	
				11. TO 9/30/2024	
12. CASE NAME Zachry Holdings Inc.			LOCATION OF PROCEEDINGS		
			13. CITY Houston		14. STATE Texas
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)	
<input type="checkbox"/> SENTENCING		Entire Proceeding	
<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		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" 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/ Charles R. Koster		PROCESSED BY	
19. DATE 10/2/2024		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 REFUND ^(F)
PARTY RECEIVED TRANSCRIPT			TOTAL DUE



2490377241002000000000007

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY