AO 435 (Rev. 10/23) ADMINISTRATIVE OFFICE OF

TRANSCRIPT ORDER

Please Read Instructions:

DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE	
Charles J. Sullivan	(315) 218-8000	3/4/2026	
4. DELIVERY ADDRESS OR EMAIL	**5. CITY**	**6. STATE**	**7. ZIP CODE**
csullivan@bsk.com; kdoner@bsk.com	Syracuse	NY	13202
8. CASE NUMBER	**9. JUDGE**	**DATES OF PROCEEDINGS**	
26-60110	Kinsella	10. FROM 3/4/2026	11. TO 3/4/2026
12. CASE NAME		**LOCATION OF PROCEEDINGS**	
Vanderbilt Minerals, LLC		13. CITY Syracuse	14. STATE NY

15. ORDER FOR

- ☐ APPEAL
- ☐ CRIMINAL
- ☐ CRIMINAL JUSTICE ACT
- ☒ BANKRUPTCY
- ☐ NON-APPEAL
- ☐ CIVIL
- ☐ 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)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	Hearings held on 3/4/26
☐ SENTENCING			
☐ 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
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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 J. Sullivan

PROCESSED BY

19. DATE 3/4/2026

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY
J&J Transcribers, Inc.

COURT ADDRESS

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TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
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