

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Kathryn Skagerberg		2. PHONE NUMBER (615) 664-5351		3. DATE 12/22/2025	
4. DELIVERY ADDRESS OR EMAIL kate.skagerberg@nelsonmullins.com		5. CITY Nashville		6. STATE TN	7. ZIP CODE 37203
8. CASE NUMBER 24-90377	9. JUDGE M. Isgur	DATES OF PROCEEDINGS			
		10. FROM 11/17/2025		11. TO 11/17/2025	
12. CASE NAME In re: Zachry Holdings, Inc., et al.		LOCATION OF PROCEEDINGS			
		13. CITY Houston		14. STATE TX	
15. ORDER FOR					
<input checked="" 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 checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		Kathryn Skagerberg	11/17/2025
<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 type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<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 checked="" type="checkbox"/>	<input checked="" 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		
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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/ Kathryn Skagerberg

PROCESSED BY

19. DATE

12/22/2025

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUND	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	



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DISTRIBUTION:

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ORDER RECEIPT

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