

AO 435  
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

Docket #1494 Date Filed: 9/24/2024

## TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

|  |                   |  |  |  |                      |
|--|-------------------|--|--|--|----------------------|
| 1. NAME<br>Jack Haake, McDermott Will & Emery LLP                      |                   | 2. PHONE NUMBER<br>(214) 210-2816          |  | 3. DATE<br>9/24/2024                           |                      |
| 4. DELIVERY ADDRESS OR EMAIL<br>jbishopjones@mwe.com                   |                   | 5. CITY<br>Dallas                          |  | 6. STATE<br>TX                                 | 7. ZIP CODE<br>75201 |
| 8. CASE NUMBER<br>23-03091   | 9. JUDGE<br>Isqur | DATES OF PROCEEDINGS                       |  |  |                      |
|  |                   | 10. FROM 9/23/2024                         |  | 11. TO 9/23/2024                               |                      |
| 12. CASE NAME<br>Wesco Aircraft Holdings, Inc. v. SSD Investments Ltd. |                   | LOCATION OF PROCEEDINGS                    |  |  |                      |
|  |                   | 13. CITY Houston                           |  | 14. STATE TX                                   |                      |
| 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)   | 9/23/2024 |
| <input type="checkbox"/> SENTENCING                    |         | Entire Hearing  |           |
| <input type="checkbox"/> BAIL HEARING                  |         |   |           |

## 17. ORDER

| CATEGORY  | ORIGINAL<br>(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. &amp; 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

|  |      |    |               |      |
|--|------|----|---------------|------|
| 18. SIGNATURE<br>/s/Jack Haake                   |      |    | PROCESSED BY  |      |
| 19. DATE<br>9/24/2024                            |      |    | PHONE NUMBER  |      |
| TRANSCRIPT TO BE PREPARED BY                     |      |    | COURT ADDRESS |      |
| ORDER RECEIVED                                   | DATE | BY |               |      |
| DEPOSIT PAID                                     |      |    | DEPOSIT PAID  |      |
| TRANSCRIPT ORDERED                               |      |    | TOTAL CHARGES | 0.00 |
| TRANSCRIPT RECEIVED                              |      |    | LESS DEPOSIT  | 0.00 |
| ORDERING PARTY NOTIFIED<br>TO PICK UP TRANSCRIPT |      |    | TOTAL REFUND  |      |
| PARTY RECEIVED TRANSCRIPT                        |      |    | TOTAL DUE     |      |



23906112409240000000000004

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY