

AO 435  
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

**TRANSCRIPT ORDER**

**DUE DATE:**

*Please Read Instructions:*

1. NAME Jason S. Brookner		2. PHONE NUMBER (469) 320-6096		3. DATE 3/25/2026	
4. DELIVERY ADDRESS OR EMAIL jbrookner@grayreed.com; vsalazar@grayreed.com			5. CITY		7. ZIP CODE
8. CASE NUMBER 20-32243		9. JUDGE Hon. Marvin Isgur		DATES OF PROCEEDINGS	
				10. FROM 3/25/2026	11. TO 3/25/2026
12. CASE NAME In re SpeedCast International Limited, et al.			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"/> 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)	03/25/26 - entire hearing
<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 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/ Jason S. Brookner			PROCESSED BY		
19. DATE 3/25/2026			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
		DATE			BY
ORDER RECEIVED					
DEPOSIT PAID					DEPOSIT PAID
TRANSCRIPT ORDERED					TOTAL CHARGES <b>0.00</b>
TRANSCRIPT RECEIVED					LESS DEPOSIT <b>0.00</b>
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					TOTAL REFUND <sup>(F)</sup>
PARTY RECEIVED TRANSCRIPT					TOTAL DUE



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DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY