

AO 435  
(Rev. 10/23)

ADMINISTRATIVE OFFICE OF THE CLERK OF THE DISTRICT COURT

**TRANSCRIPT ORDER**

**DUE DATE:**

*Please Read Instructions:*

1. NAME <b>Stephanie N. Morrison</b>		2. PHONE NUMBER <b>(713) 546-5000</b>		3. DATE <b>3/25/2026</b>	
4. DELIVERY ADDRESS OR EMAIL <b>rene.olvera@weil.com; christopher.jalomo@weil.com</b>			5. CITY <b>Houston</b>		7. ZIP CODE <b>77002</b>
8. CASE NUMBER <b>20-32243</b>	9. JUDGE <b>Judge Isgur</b>		DATES OF PROCEEDINGS		
			10. FROM <b>3/25/2026</b>	11. TO <b>3/25/2026</b>	
12. CASE NAME <b>In re SpeedCast International Limited, et. al.</b>			LOCATION OF PROCEEDINGS		
			13. CITY <b>Houston</b>	14. STATE <b>Texas</b>	
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)	<b>Entire Proceeding on</b>
<input type="checkbox"/> SENTENCING			<b>March 25, 2026</b>
<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
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
Next-Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
2-Hour	<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/ Stephanie N. Morrison**

PROCESSED BY

19. DATE **3/25/2026**

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

ORDER RECEIVED	DATE	BY	DEPOSIT PAID	TOTAL CHARGES	0.00
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 <sup>(F)</sup>		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		



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