

BTXN 191 (rev. 12/24)

AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST: ☐ AUDIO ☒ TRANSCRIPT		2. DATE OF ORDER: 10/8/2025			
3. NAME: Roza Chervinsky		4. PHONE NUMBER: 347-452-5662		5. EMAIL ADDRESS: roza.chervinsky@octus.com	
6. MAILING ADDRESS: 11 E 26th St		7. CITY: New York		8. STATE: NY	9. ZIP CODE: 10010
10. CASE NUMBER: 25-33487	11. CASE NAME: Tricolor Holdings LLC	12. JUDICIAL OFFICIAL: Michelle V. Larson		13. DATE OF PROCEEDING: FROM: 9 / 18 / 2025	
14. ORDER: ORDINARY 7 DAY EXPEDITED DAILY HOURLY A. ☐ ☐ ☐ ☒ 14 DAY EXPEDITED 3 DAY EXPEDITED ☐ ☐					
15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):					
PORTION(S)					
☒ Entire Hearing					
☐ Court Ruling					
☐ Witness Testimony					
☐ Other: (Specify)					
CERTIFICATION By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).			16. SIGNATURE: <i>Roza Chervinsky</i>		
			17. DATE: 10/8/2025		



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