Docket #0209 Date Filed: 10/16/2025

BTXN 191 (rev. 12/24)

AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST:	2. DATE OF ORDER:	
☐ AUDIO ☒ TRANSCRIPT	10/16/2025	

3. NAME:	4. PHONE NUMBER:	5. EMAIL ADDRESS:
Wendy Kane	212-715-7751	wendy.kane@hsfkramer.com

6. MAILING ADDRESS:	7. CITY:	8. STATE:	9. ZIP CODE:
HSF Kramer, 1177 Avenue of the Americas	New York	NY	10036

10. CASE NUMBER:	11. CASE NAME:	12. JUDICIAL OFFICIAL:	13. DATE OF PROCEEDING:
25-33487	Tricolor Holdings LLC	Judge Larson	FROM: / /10/15/2025

14. ORDER:

	ORDINARY	7 DAY EXPEDITED	DAILY	HOURLY
A.	☐	☒ XX	☐	☐

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: /s/ Wendy Kane

17. DATE: 10/16/2025

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