

TRANSCRIPT ORDER					DUE DATE:	
Please Read Instructions:						
1. NAME Gregory G. Hesse		2. PHONE NUMBER (214) 468-3335		3. DATE 10/20/2025		
4. DELIVERY ADDRESS OR EMAIL ghesse@hunton.com; kbailey@hunton.com		5. CITY Dallas		6. STATE TX	7. ZIP CODE 75202	
8. CASE NUMBER 25-33487-mvl7		9. JUDGE Michelle V. Larson		DATES OF PROCEEDINGS		
				10. FROM 10/3/2025		11. TO 10/3/2025
12. CASE NAME Tricolor Holdings, LLC		LOCATION OF PROCEEDINGS				
		13. CITY Dallas		14. STATE TX		
15. ORDER FOR						
☐ APPEAL		☐ CRIMINAL		☐ CRIMINAL JUSTICE ACT		☒ BANKRUPTCY
☐ NON-APPEAL		☐ CIVIL		☐ IN FORMA PAUPERIS		☐ 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)
☐ VOIR DIRE				☐ TESTIMONY (Specify Witness)		
☐ OPENING STATEMENT (Plaintiff)						
☐ OPENING STATEMENT (Defendant)						
☐ CLOSING ARGUMENT (Plaintiff)				☐ PRE-TRIAL PROCEEDING (Specy)		
☐ CLOSING ARGUMENT (Defendant)						
☐ OPINION OF COURT						
☐ JURY INSTRUCTIONS				☒ OTHER (Specify)		
☐ SENTENCING				Entire Proceeding		
☐ 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	☐	☐	NO. OF COPIES			
14-Day	☐	☐	NO. OF COPIES			
7-Day	☐	☐	NO. OF COPIES			
3-Day	☐	☐	NO. OF COPIES			
Next-Day	☐	☒	NO. OF COPIES			
2-Hour	☐	☐	NO. OF COPIES			
REALTIME	☐	☐				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE /s/ Gregory G. Hesse				PROCESSED BY		
19. DATE 10/20/2025				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 TO PICK UP TRANSCRIPT				TOTAL REFUND		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		