

BTXN 191 (rev. 12/24)

## AUDIO / TRANSCRIPT ORDER

|                                                                                                                                                                                                                                                                                       |                                                        |                                                   |  |                                                 |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|--|-------------------------------------------------|-----------------------|
| 1. ORDER REQUEST:<br><input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT                                                                                                                                                                                    |                                                        | 2. DATE OF ORDER:<br>11/26/2025                   |  |                                                 |                       |
| 3. NAME:<br>Ashley L. Harper                                                                                                                                                                                                                                                          |                                                        | 4. PHONE NUMBER:<br>713-220-4013                  |  | 5. EMAIL ADDRESS:<br>ashleyharper@hunton.com    |                       |
| 6. MAILING ADDRESS:<br>1445 Ross Avenue, Suite 3700, Dallas, TX 75202                                                                                                                                                                                                                 |                                                        | 7. CITY:<br>Dallas                                |  | 8. STATE:<br>TX                                 | 9. ZIP CODE:<br>75202 |
| 10. CASE NUMBER:<br>25-33487-mvl7                                                                                                                                                                                                                                                     | 11. CASE NAME:<br>In re Tricolor Holdings, LLC, et al. | 12. JUDICIAL OFFICIAL:<br>Hon. Michelle V. Larson |  | 13. DATE OF PROCEEDING:<br>FROM: 11 / 25 / 2025 |                       |
| 14. ORDER:<br>ORDINARY      7 DAY EXPEDITED      DAILY      HOURLY<br>A. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>14 DAY EXPEDITED      3 DAY EXPEDITED<br><input type="checkbox"/> <input type="checkbox"/> |                                                        |                                                   |  |                                                 |                       |
| 15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):                                                                                                                                                                                                       |                                                        |                                                   |  |                                                 |                       |
| PORTION(S)                                                                                                                                                                                                                                                                            |                                                        |                                                   |  |                                                 |                       |
| <input checked="" type="checkbox"/> Entire Hearing 11/25/2025 at 1:30 pm CT                                                                                                                                                                                                           |                                                        |                                                   |  |                                                 |                       |
| <input type="checkbox"/> Court Ruling                                                                                                                                                                                                                                                 |                                                        |                                                   |  |                                                 |                       |
| <input type="checkbox"/> Witness Testimony                                                                                                                                                                                                                                            |                                                        |                                                   |  |                                                 |                       |
| <input type="checkbox"/> Other: (Specify)                                                                                                                                                                                                                                             |                                                        |                                                   |  |                                                 |                       |
|                                                                                                                                                                                                                                                                                       |                                                        |                                                   |  |                                                 |                       |
|                                                                                                                                                                                                                                                                                       |                                                        |                                                   |  |                                                 |                       |
| CERTIFICATION<br><br>By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).                                                                                                                                   |                                                        | 16. SIGNATURE: /s/ Ashley L. Harper               |  |                                                 |                       |
|                                                                                                                                                                                                                                                                                       |                                                        | 17. DATE: 11/26/2025                              |  |                                                 |                       |



253348725112600000000004