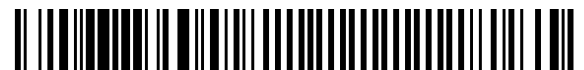


BTXN 191 (rev. 12/24)

AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT		2. DATE OF ORDER: 4/2/26			
3. NAME: Scott Lawrence		4. PHONE NUMBER: 214-692-6200		5. EMAIL ADDRESS: scott.lawrence@wickphillips.com	
6. MAILING ADDRESS: 3131 McKinney Ave., Suite 500		7. CITY: Dallas		8. STATE: TX	9. ZIP CODE: 75204
10. CASE NUMBER: 25-33487	11. CASE NAME: Tricolor Holdings, LLC	12. JUDICIAL OFFICIAL: Larson	13. DATE OF PROCEEDING: FROM: 4 / 1 /26		
14. ORDER:					
ORDINARY		7 DAY EXPEDITED		DAILY	
A. <input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
		14 DAY EXPEDITED		3 DAY EXPEDITED	
		<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					
<input type="checkbox"/> Court Ruling					
<input type="checkbox"/> Witness Testimony					
<input type="checkbox"/> Other: (Specify)					
CERTIFICATION			16. SIGNATURE: /s/ Scott Lawrence		
By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).			17. DATE: 4/2/26		



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