

BTXN 191 (rev. 12/24)

## AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT		2. DATE OF ORDER: <b>4/07/26</b>	
3. NAME: <b>Martha Minjarez</b>		4. PHONE NUMBER: 817-666-9038	5. EMAIL ADDRESS: <small>martha.minjarez@nbcuni.com</small>
6. MAILING ADDRESS: <b>4805 Amon Carter blvd</b>		7. CITY: <b>Fort Worth</b>	8. STATE: <b>TX</b>
		9. ZIP CODE: <b>76155</b>	
10. CASE NUMBER: <b>25-33487</b>	11. CASE NAME: <small>Tricolor Holdings LLC</small>	12. JUDICIAL OFFICIAL: <b>Michelle Larson</b>	13. DATE OF PROCEEDING: FROM: / / <b>4/01/26</b>
14. ORDER:			
ORDINARY                      7 DAY EXPEDITED                      DAILY                      HOURLY			
A. <input type="checkbox"/> <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: <b>martha minjarez</b>	
By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).		17. DATE: <b>4/07/26</b>	



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