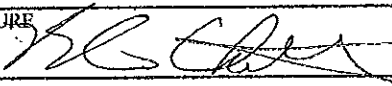


FILED  
**RECEIVED** COPY  
 FOR COURT USE ONLY  
 DUE **NOV 22 2013**  
 CLERK U.S. DISTRICT COURT  
 DISTRICT OF ARIZONA  
 BY \_\_\_\_\_ DEPUTY

AO 435 (Rev. 10/05)		Administrative Office of the United States Courts			
<b>TRANSCRIPT ORDER</b>					
Read Instructions on Back:					
1. NAME Blair Chintella		2. PHONE NUMBER (404) 931-2090			
4. FIRM NAME					
5. MAILING ADDRESS 2483 Shoals Ter.		6. CITY Decatur	7. STATE ga	8. ZIP CODE 30034	
9. CASE NUMBER 2:12-cv-02144	10. JUDGE Snow	DATES OF PROCEEDINGS			
		11. 7/19/2013	12.		
13. CASE NAME AF Holdings LLC v. Harris		LOCATION OF PROCEEDINGS			
		14. Phoenix	15. STATE CA		
16. ORDER FOR					
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY		
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Entire hearing.	
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)	
30 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input type="checkbox"/> ASCH FORMAT <input type="checkbox"/>	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS bchintel1@gmail.com	
19. SIGNATURE 				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 11/22/2013					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL <b>0.00</b>	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
TRANSCRIPT ORDERED				DEPOSIT PAID	
TRANSCRIPT RECEIVED				TOTAL CHARGES <b>0.00</b>	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT <b>0.00</b>	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED	
				TOTAL DUE <b>0.00</b>	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY