

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME E. SCOTT DOSEK		2. PHONE NUMBER 480-429-7112		3. DATE 10/10/08	
4. FIRM NAME KUTAK ROCK LLP					
5. MAILING ADDRESS 8601 N. Scottsdale Rd. Suite 300			6. CITY Scottsdale	7. STATE AZ	8. ZIP CODE 85253
9. CASE NUMBER cv 06-2141 PHX DGC		10. JUDGE David G. Campbell		DATES OF PROCEEDINGS	
				11. 10/09/08	12.
13. CASE NAME Soilworks LLC vs. Midwest Industrial			LOCATION OF PROCEEDINGS		
			14. Phoenix	15. STATE AZ	

16. ORDER FOR

<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input checked="" type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER (Specify)

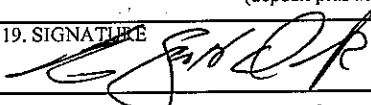
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(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 checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	10/09/08
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<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)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/>	
14 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		E-MAIL <input checked="" type="checkbox"/>	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		DISK <input type="checkbox"/>	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>		PDF FORMAT <input type="checkbox"/>	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <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).

19. SIGNATURE 

20. DATE **10-10-08**

E-MAIL ADDRESS
scott.dosek@kutakrock.com

NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	0.00
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00