

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME Maria Crimi Speth		2. PHONE NUMBER (602) 248-1089		3. DATE 11/2/2007	
4. FIRM NAME Jaburg & Wilk, P.C.					
5. MAILING ADDRESS 3200 North Central Avenue, Suite 2000			6. CITY Phoenix		7. STATE Arizona
8. ZIP CODE 85012					
9. CASE NUMBER 2:07-cv-954		10. JUDGE Wake		DATES OF PROCEEDINGS	
				11. 11/1/2007	
				12. 11/2/2007	
13. CASE NAME Xcentric Ventures, LLC et al v. Stanley et al			LOCATION OF PROCEEDINGS		
			14.		
			15. STATE Arizona		
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<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 Witness)	
<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		OSC hearings	November 1, 2007
<input type="checkbox"/> BAIL HEARING			November 2, 2007

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	ADDITIONAL COPIES	DELIVERY INSTRUCTIONS	ESTIMATED COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	PAPER COPY <input type="checkbox"/>	
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	ELECTRONIC COPY:	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	DISK <input type="checkbox"/>	
				E-MAIL <input checked="" type="checkbox"/>	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	E-MAIL ADDRESS lar@jaburgwilk.com	

CERTIFICATION (19. & 20.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

19. SIGNATURE /mariacrimispeth/	PROCESSED BY	PHONE NUMBER
------------------------------------	--------------	--------------

20. DATE 11/2/2007

TRANSCRIPT TO BE PREPARED BY			NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
ORDER RECEIVED	DATE	BY		
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