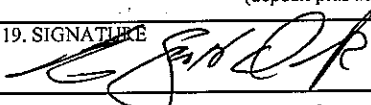


|  |  |  |                              |  |  |  |
|--|--|--|------------------------------|--|--|--|
| AO 435<br>(Rev. 10/05)   |  | Administrative Office of the United States Courts<br><br><b>TRANSCRIPT ORDER</b> |                              |  | <b>FOR COURT USE ONLY</b><br>DUE DATE: |  |
| <i>Read Instructions on Back:</i>  |  |  |                              |  |  |  |
| 1. NAME<br><b>E. SCOTT DOSEK</b>   |  | 2. PHONE NUMBER<br><b>480-429-7112</b>   |                              | 3. DATE<br><b>10/10/08</b>   |  |  |
| 4. FIRM NAME<br><b>KUTAK ROCK LLP</b>  |  |  |                              |  |  |  |
| 5. MAILING ADDRESS<br><b>8601 N. Scottsdale Rd. Suite 300</b>  |  |  | 6. CITY<br><b>Scottsdale</b> | 7. STATE<br><b>AZ</b>  | 8. ZIP CODE<br><b>85253</b>            |  |
| 9. CASE NUMBER<br><b>cv 06-2141 PHX DGC</b>  |  | 10. JUDGE<br><b>David G. Campbell</b>  |                              | DATES OF PROCEEDINGS   |  |  |
|  |  |  |                              | 11. <b>10/09/08</b>  | 12.                                    |  |
| 13. CASE NAME<br><b>Soilworks LLC vs. Midwest Industrial</b>   |  |  | LOCATION OF PROCEEDINGS      |  |  |  |
|  |  |  | 14. <b>Phoenix</b>           | 15. STATE <b>AZ</b>  |  |  |
| 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   |  | <b>10/09/08</b>                          |
| <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<br>(original to Court,<br>copy to ordering party) | FIRST<br>COPY  | # OF<br>ADDITIONAL<br>COPIES | DELIVERY INSTRUCTIONS<br>(check all that apply)  |  | ESTIMATED COSTS                          |
| 30 DAYS  | <input type="checkbox"/>                                       | <input type="checkbox"/>   | <input type="checkbox"/>     | PAPER COPY <input type="checkbox"/><br>E-MAIL <input checked="" type="checkbox"/><br>DISK <input type="checkbox"/><br>PDF FORMAT <input type="checkbox"/><br>ASCII FORMAT <input type="checkbox"/> |  |  |
| 14 DAYS  | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>   | <input type="checkbox"/>     |  |  |  |
| 7 DAYS   | <input type="checkbox"/>                                       | <input type="checkbox"/>   | <input type="checkbox"/>     |  |  |  |
| DAILY  | <input type="checkbox"/>                                       | <input type="checkbox"/>   | <input type="checkbox"/>     |  |  |  |
| HOURLY   | <input type="checkbox"/>                                       | <input type="checkbox"/>   | <input type="checkbox"/>     |  |  |  |
| REALTIME   | <input type="checkbox"/>                                       | <input type="checkbox"/>   | <input type="checkbox"/>     |  |  |  |
| CERTIFICATION (19. & 20.)<br>By signing below, I certify that I will pay all charges<br>(deposit plus additional). |  |  |                              | E-MAIL ADDRESS<br><b>scott.dosek@kutakrock.com</b>   |  |  |
| 19. SIGNATURE<br>               |  |  |                              | <b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>   |  |  |
| 20. DATE<br><b>10-10-08</b>  |  |  |                              |  |  |  |
| 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                                     |

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