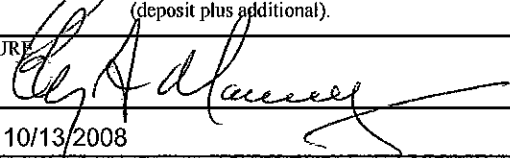


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b> DUE DATE:	
<b>TRANSCRIPT ORDER</b>					
<i>Read Instructions on Back:</i>					
1. NAME Craig Marvinney		2. PHONE NUMBER (216) 830-6830		3. DATE 10/13/2008	
4. FIRM NAME Brouse McDowell, LPA					
5. MAILING ADDRESS 1001 Lakeside Ave, Suite 1600			6. CITY Cleveland	7. STATE OH	8. ZIP CODE 44114
9. CASE NUMBER CV-06-2141 PHX DGC		10. JUDGE David G. Campbell		DATES OF PROCEEDINGS	
		11. 10/9/2008	12.		
13. CASE NAME Soilworks, LLC v. Midwest Industrial Supply, Inc.				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"/> 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)				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	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				10/09/2008	
<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).				E-MAIL ADDRESS cmarvinney@brouse.com	
19. SIGNATURE 				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>	
20. DATE 10/13/2008					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL 0.00	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				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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