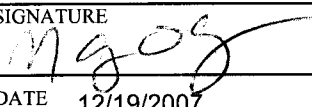


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Read Instructions on Back:</i>					
1. NAME Mary O'Grady		2. PHONE NUMBER (602) 542-3333		3. DATE 12/19/2007	
4. FIRM NAME State of Arizona, Attorney General's Office					
5. MAILING ADDRESS 1275 W. Washington			6. CITY Phoenix	7. STATE Arizona	8. ZIP CODE 85007
9. CASE NUMBER 07-02496-PHX-NVW		10. JUDGE Neil V. Wake		DATES OF PROCEEDINGS	
				11. 12/18/2007	12.
13. CASE NAME Arizona Contractors, et al. v. Candelaria, et al.			LOCATION OF PROCEEDINGS		
			14. Phoenix	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"/> IN FORMA PAUPERIS	
				<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)	
<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				Motion Hearing	12/18/2007
<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 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"/> ASCII 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 checked="" 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).				ESTIMATED COSTS	
19. SIGNATURE 				E-MAIL ADDRESS	
				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 12/19/2007					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
				0.00	
		DATE	BY	PROCESSED BY	
ORDER RECEIVED				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	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY