

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 Lisa Kobialka		2. PHONE NUMBER (650) 838-5300		3. DATE 7/19/2006		
4. FIRM NAME PERKINS COIE						
5. MAILING ADDRESS 101 Jefferson Drive			6. CITY Menlo Park		7. STATE CA	8. ZIP CODE 94025
9. CASE NUMBER 4:06-cv-173 TUC RCC		10. JUDGE Honorable Raner C. Collins		DATES OF PROCEEDINGS		
				11. 4/24/2006	12. 6/16/2006	
13. CASE NAME The Freecycle Network, Inc. v. Oey et al				LOCATION OF PROCEEDINGS		
		14. Tucson		15. STATE Arizona		
16. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL		<input checked="" 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 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 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	ADDITIONAL COPIES	DELIVERY INSTRUCTIONS		ESTIMATED COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1	PAPER COPY <input checked="" type="checkbox"/>		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	ELECTRONIC COPY:		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	DISK <input type="checkbox"/>		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	E-MAIL <input checked="" type="checkbox"/>		
				E-MAIL ADDRESS lkobialka@perkinscoie.com		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
19. SIGNATURE /s/ Lisa Kobialka				PROCESSED BY		PHONE NUMBER
20. DATE 7/19/2006				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.		
TRANSCRIPT TO BE PREPARED BY						
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