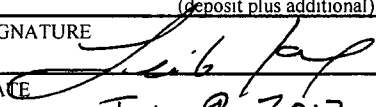


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER					DUE DATE:	
<i>Please Read Instructions:</i>						
1. NAME Leila Knox, Bryan Cave LLP		2. PHONE NUMBER 415-268-1949		3. DATE 01/09/2012		
4. MAILING ADDRESS 560 Mission Street, 25th Floor		5. CITY San Francisco		6. STATE CA	7. ZIP CODE 94105	
8. CASE NUMBER 2:11-cv-08083		9. JUDGE Real		DATES OF PROCEEDINGS		
		10. FROM 11/28/2011	11. TO 11/28/2011			
LOCATION OF PROCEEDINGS						
12. CASE NAME Courthouse News Service v. Michael Planet			13. CITY Los Angeles	14. STATE CA		
15. ORDER FOR						
<input checked="" type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. 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 (Specy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify) Hearing on Motion to Dismiss/Preliminary Injunction		11/28/2011	
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
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14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
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REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE 			PROCESSED BY			
19. DATE Jan. 9, 2012			PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS			
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

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