						FOR COURT USE ONLY DUE DATE:
TRANSCRIPT DESIGNATION AND ORDERING FORM						
1. NAME 2. P   Melinda E. LeMoine			2. PHON	NE NUMBER 213-683-9100		3. DATE 07/28/2014
4. FIRM NAME: Munger, Tolles & Olson LLP				5. E-MAIL ADDRESS: melinda.lemoine@mto.com		
6. MAILING ADDRESS 355 S. Grand Ave., 35th F				7. CITY Los Angeles		8. STATE 9. ZIP CODE CA 90071
		11. CASE NAM Good Morning		oductions v. Warner/Chappel	l Music	12. JUDGE Hon. Michael R. Wilner
13. APPEAL CASE NUMBER 1			RDER FOR   APPEAL   NON-APPEAL   CRIMINAL JUSTICE ACT     FORMA PAUPERIS   AUSA   FPD   OTHER			
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.						
HEARING DATE COURT REPORTER			PROCEEDINGS			
07/25/2014	CourtSm	art	VOIR   OPENING   SETTLEMENT   CLOSING   JURY     DIRE   STATEMENTS   INSTRUCTIONS   ARGUMENTS   INSTRUCTIONS			
		PRE-TRIAL PROCEEDINGS				
		11 1	VOIR   OPENING   SETTLEMENT   CLOSING   JURY     DIRE   STATEMENTS   INSTRUCTIONS   ARGUMENTS   INSTRUCTIONS			
			PRE-TRIAL OTHER (PLEASE SPECIFY):			
			VOIR   OPENING   SETTLEMENT   CLOSING   JURY     DIRE   STATEMENTS   INSTRUCTIONS   ARGUMENTS   INSTRUCTIONS     PRE-TRIAL   OTHER   (PLEASE SPECIFY):   OTHER   OTHER			
			VOIR   OPENING   SETTLEMENT   CLOSING   JURY     DIRE   STATEMENTS   INSTRUCTIONS   ARGUMENTS   INSTRUCTIONS     PRE-TRIAL   OTHER   PROCEEDINGS   (PLEASE SPECIFY):   INSTRUCTIONS			
			VOIR   OPENING   SETTLEMENT   CLOSING   JURY     DIRE   STATEMENTS   INSTRUCTIONS   ARGUMENTS   INSTRUCTIONS     PRE-TRIAL   OTHER   PROCEEDINGS   (PLEASE SPECIFY):   OTHER			
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				19. Transcription agency for digitally recorded proceedings:		
(CERTIFICATION 17 & 18) By signing the below, I certify that I will pay all cha (deposit plus additional).			ll charges	20. Month: D Transcript payment arrangements v	ay:	Year:
17. DATE: July 28, 2014				NAME OF OFFICIAL:		
18. SIGNATURE: /s/ Melinda LeMoine				Payment of estimated transcript fees were sent on the following date:     Month:   Day:     Year:		