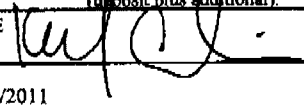


| AO 435 (Rev. 03/08) | | Administrative Office of the United States Courts | |
|--|---|--|--|
| TRANSCRIPT ORDER | | | |
| <i>Please Read Instructions:</i> | | | |
| 1. NAME Kelly Cornelison | | 2. PHONE NUMBER 713-626-5300 | 3. DATE 10/6/2011 |
| 4. MAILING ADDRESS 4550 Post Oak Place Dr., Ste. 241 | | 5. CITY Houston | 6. STATE TX |
| 8. CASE NUMBER 4:09-cv-3674 | | 9. JUDGE Atlas | 7. ZIP CODE 77027 |
| DATES OF PROCEEDINGS | | | |
| 10. FROM 10/3/2011 | | 11. TO 10/3/2011 | |
| LOCATION OF PROCEEDINGS | | | |
| 12. CASE NAME SEC v. KCM, et al. | | 13. CITY Houston | 14. STATE TX |
| 15. 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) | | | |
| 16. 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 checked="" type="checkbox"/> TESTIMONY (Specify Witness) David Wallace |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | Ronald Ellisor |
| <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 type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> SENTENCING | | | |
| <input type="checkbox"/> BAIL HEARING | | | |
| 17. ORDER | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES |
| ORDINARY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES |
| 14-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES |
| EXPEDITED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES |
| REAL TIME | <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). | | | |
| 18. SIGNATURE  | | <input checked="" type="checkbox"/> EMAIL ONLY REQUIRED <input type="checkbox"/> EMAIL AND HARD COPY REQUIRED | |
| 19. DATE 10/6/2011 | | <input checked="" type="checkbox"/> EMAIL ADDRESS: kelly@titaylorlaw.com | |
| 20. TRANSCRIPT TO BE PREPARED BY Judicial Transcribers of Texas | | 515 Rusk, 8th floor Houston, TX 77002 ATTN: Court Reporter | |
| ORDER RECEIVED | | | |
| DEPOSIT PAID | | DEPOSIT PAID | \$1,500 |
| TRANSCRIPT ORDERED | | TOTAL CHARGES | |
| TRANSCRIPT RECEIVED | | LESS DEPOSIT | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | TOTAL REFUNDED | |
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FAX

To: Court Reporter, US District Court **From:** Kelly Cornelison

Fax: 713-250-5937 **Pages:** 2

Phone: **Date:** 10/6/2011

Re: **CC:**

- Urgent For Review Please Comment Please Reply