UNITED STATES DISTRICT COURT DRTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 04/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.									COURT USE ONLY DUE DATE:					
CONTACT PERSON FOR THIS ORDER											3a. CONTACT EMAIL ADDRESS mmsangalang@duanemorris.com							
ATTORNEY NAME (if different) atrick S. Salceda					b. ATTORNEY PHONE NUMBER 3b. ATTORNEY E psalceda						ail address duanemorris.com							
AILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) uane Morris LLP ne Market Plaza, Spear Tower, Suite 2200 an Francisco, CA 94105-1127						5. CASE NAME Finjan, Inc. v. Juniper Network, Inc. 8. THIS TRANSCRIPT ORDER IS FOR:							6. CASE NUMBER 17cv05659WHA			WHA		
COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) \rightarrow elle Ball					J FTR	🗇 APP	B. THIS TRANSCRIPT ORDER IS FOR: □ APPEAL □ CRIMINAL □ In forma pauperis (NOTE: Court order for transcripts must be attached) □ NON-APPEAL □ CIVIL CJA: <u>Do not use this form; use Form CJA24</u> .									ached)		
RANSCRIPT	(S) REQUESTED	(Specify portion	on(s) and date(s) of proc	eeding	g(s) for whic	n transcript	t is requested	l), format(s) a	& quantity an	d delivery	type:							
HEARING(S) (OR PORTIONS OF HEARINGS)					b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)						/PE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hea specify portion (e.g. witness or	aring, • time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME		
04/2018	WHA	Pretrial			0		0		0	0	0		0	0	0	0		
					0	0	0	0	0	0	0	0	0	0	0	0		
					0	0	0	0	0	0	0	0	0	0	0	0		
					0	0	0	0	0	0	0	0	0	0	0	0		
					0	0	0	0	0	0	0	0	0	0	0	0		
					0	0	0	0	0	0	0	0	0	0	0	0		
ADDITIONAL	COMMENTS, IN	NSTRUCTIONS	, QUESTIONS, ETC:															
DER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE							
signature /s/ Patrick S. Salceda											12/17/2018							

Clear Form