

UNITED STATES DISTRICT COURT ORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 04/2018)	<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.	COURT USE ONLY <b>DUE DATE:</b>
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CONTACT PERSON FOR THIS ORDER eah Theilacker	2a. CONTACT PHONE NUMBER (949) 760-0991	3a. CONTACT EMAIL ADDRESS ltheilacker@irell.com
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ATTORNEY NAME (if different) oshua Glucoft	2b. ATTORNEY PHONE NUMBER (310) 277-1010	3b. ATTORNEY EMAIL ADDRESS jglucoft@irell.com
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MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) ell and Manella LLP 300 Avenue of the Stars, Ste. 900 os Angeles, CA 90067	5. CASE NAME Finjan, Inc. v. Juniper Networks, Inc.	6. CASE NUMBER 3:17cv05659W
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COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR amela Batalo	8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>
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TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and 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.)					c. DELIVERY TYPE (Choose one per line)						
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05/09/2018	WHA	Hrg	Full Transcript	●	○	○	○	○	○	○	○	○	●	○	○
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ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:

DER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). SIGNATURE <b>/s/ Joshua Glucoft</b>	12. DATE <b>05/09/2018</b>
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