

UNITED STATES DISTRICT COURT ORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				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 lariandrea Mueller				2a. CONTACT PHONE NUMBER (310) 203-7085				3. CONTACT EMAIL ADDRESS mmueller@irell.com							
ATTORNEY NAME (if different) . Maclain Wells				2b. ATTORNEY PHONE NUMBER (310) 277-1010				3. ATTORNEY EMAIL ADDRESS mwells@irell.com							
MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) ell & Manella LLP 300 Avenue of the Stars, Ste. 900 os Angeles, CA 90067				5. CASE NAME Applied Materials, Inc. v. Demaray LLC						6. CASE NUMBER 5:20-cv-09341					
COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input checked="" type="checkbox"/> FTR				8. THIS TRANSCRIPT ORDER IS FOR: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u> </div>											
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)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or 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
12/15/2021	NMC	motion		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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 /s/ C. Maclain Wells											12. DATE 12/15/2021				

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