

UNITED STATES DISTRICT COURT NORTHERN 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.							
1a. CONTACT PERSON FOR THIS ORDER Leslie Harris				2a. CONTACT PHONE NUMBER (858) 412-1745				3. CONTACT EMAIL ADDRESS lharris@tysonmen			
1b. ATTORNEY NAME (if different) Mitchell B. Malachowski				2b. ATTORNEY PHONE NUMBER (858) 203-7849				3. ATTORNEY EMAIL ADDRESS mmalachowski@			
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Tyson & Mendes LLP 5661 La Jolla Blvd. La Jolla, CA 92037						5. CASE NAME In Re: Juul Labs, Inc., Marketing, Sales Practice					
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Kelly Shainline						8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court or <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form</u>					
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:											
a. 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)		
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)
05/06/2024	WHO	CMC		<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"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:											
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE
11. SIGNATURE /s/ Mitchell B. Malachowski											05/0