UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. ***(Additional instructions on next page.)***

COURT USE ONLY
DUE DATE:

1a. Contact Person for this Order	Hae Jung Park	2a. Contact Phone Number	213-621-9461	3a. Contact E-mail Address	hpark@mayerbrown.com
1b. Attorney Name (if different)	Elizabeth Mann	2b. Attorney Phone Number	213-229-9574	3b. Attorney E-mail Address	emann@mayerbrown.com

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)

350 S. Grand Ave.
25th Floor
Los Angeles, CA 90071

5. Name & Role of Party Represented: Plaintiffs Sanofi-Aventis U.S. LLC and Regeneron Pharmaceuticals, Inc.

6. Case Name: Sanofi-Aventis U.S. LLC et al. v. Genentech, Inc. et al.

7a. District Court Case Number: 2:15-cv-05685

7b. Appeals Court Case Number:

8. INDICATE WHETHER PROCEEDING WAS *(choose only one per form):*

☒ DIGITALLY RECORDED ☐ TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER: CS 3/30/2016

9. THIS TRANSCRIPT ORDER IS FOR: ☐ Appeal ☐ Non-Appeal ☐ Criminal ☒ Civil ☐ CJA ☐ USA ☐ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type): *You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c below*

a. HEARING(S) OR PORTIONS OF HEARINGS *(Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.)*			b. SELECT FORMAT(S) *(CM/ECF access included with purchase of transcript.)*						c. RELEASE OF TRANS. RESTRICTION DATE	d. DELIVERY TYPE
DATE	JUDGE (name)	PROCEEDING TYPE / PORTION If requesting less than full hearing, specify portion (e.g., witness or time). CJA orders: indicate if openings, closings, voir dire, or instructions requested.	PDF (email)	TEXT / ASCII (email)	PAPER	CONDEN-SED (email)	CM/ECF ACCESS (web)	WORD INDEXING	*(Provide release date of efiled transcript, or check to certify none yet on file.)*	*(One per line, but check with court reporter before choosing any type but "ordinary.")*
3/30/2016	A. Rosenberg		☒	☐	☐	☐	☐	☐	☐	DAILY (Next day)
			☐	☐	☐	☐	☐	☐	☐	
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			☐	☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	☐	

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. *CJA Orders: Explain necessity of non-appeal orders & special authorizations to be requested in Section 14 of CJA-24 Voucher (attach add'l pages if needed).*

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act. Date April 1, 2016 Signature /s/ Elizabeth Mann

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