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JIS Code: RRC

Approved, SCAO

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	REPORTER/RECORDER CERTIFICATE OF ORDERING TRANSCRIPT ON APPEAL Appeal to: <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit	CASE NO.  14-8804
Court address		Court telephone no.

Plaintiff's/Petitioner's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee  THE PEOPLE OF THE STATE OF MICHIGAN	v	Defendant's/Respondent's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee  Spiros William Nphorata S
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.  Charles P. FARRAR P.O. Box 81168 Rochester, Michigan 48038
<input type="checkbox"/> Probate In the matter of _____		

This certificate must be filed by the appellant or the reporter/recorder within 7 days after the transcript is ordered on appeals to the Court of Appeals. This certificate must be filed by the appellant within 7 days after the transcript is ordered on appeals to the circuit court.

I am a certified court reporter/recorder for the court designated above and I certify that:

1. On 4-24-15 ☐ a portion of the ☒ the complete transcript of proceedings, taken in this case before Hon. TIMOTHY M. KENNY on 10-15-14, 10-30-14, 11-13-14, 12-3-14, was ordered by \_\_\_\_\_  
Date(s)

☐ a. \_\_\_\_\_, attorney for \_\_\_\_\_  
Attorney name (type or print) Name (type or print)

☐ b. the appellant, \_\_\_\_\_  
Name (type or print)

☐ c. the appellee, \_\_\_\_\_  
Name (type or print)

☐ d. the court.

2. Payment has been secured and the transcript will be furnished by me on or about \_\_\_\_\_  
Estimated number of pages is \_\_\_\_\_ Estimated date of completion

☐ 3. The transcript has been filed with the court and furnished as requested. Date filed: \_\_\_\_\_

☐ 4. There is no record to be transcribed.

☐ 5. Not the designated Reporter

CSR - 0454

Certification designation and number

1441 ST. ANTOINE, ROOM 602

Business address

DETROIT, MICHIGAN 48226 (313) 224-7788

City, state, zip

Telephone no.

5-4-15  
Shedria L. Blackman  
Reporter/Recorder signature  
SHEDRIA L. BLACKMAN  
Name (type or print)

List names, certification designations and numbers, and dates of each proceeding of each reporter or recorder who reported or recorded or transcribed any part of the proceedings:

~~\_\_\_\_\_~~