

RECEIVED

Nov 28 2023

SC Court of Appeals

FORM 7
PROOF OF SERVICE OF A NOTICE OF APPEAL

THE STATE OF SOUTH CAROLINA
In The Court of
Appeals
Case No 2023-000703

APPEAL FROM HORRY COUNTY
Court of Common Pleas,

The Honorable B Culbertson

Circuit Court Judge

Case No. 2022-CP-26-00402

State of South Carolina

Respondent,

v.

Katrina Morrison

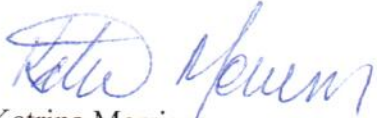
Appellant.

PROOF OF SERVICE

I certify that I have served the Brief in support of Appeal and Designation of Matters on The State of South Carolina and the attorney General by depositing a copy of it in the United States Mail, postage prepaid, return receipt requested on November 10th 2023, addressed to his attorney of record, Horry County Solicitors office 1301 Second Ave Conway SC 29526 Att: Jesse James Glasgow, Lauree Richardson Ortiz, Horry County Solicitors Office 1301 2nd Ave, Conway, SC 29526, South Carolina Attorney General Alan Wilson, 1000 Assembly St. Room 519, Columbia, SC 29201 and , Mark Farthing, South Carolina Attorney General's Office, PO Box 11549, Columbia SC 29211

Further mailed November 28, 2023; via United states postal service First class mail of the United States Postal service return receipt, The Honorable Judge B Culbertson, PO Box 479 Georgetown, SC 29442

November 28, 2023


s/ Katrina Morrison
4530 Lighthouse Dr 31E
Little River , South Carolina 29526

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Horry County Solicitor
 Att. Lauree Richardson
 1301 2nd Ave
 Conway SC 29526



9590 9402 8093 2349 7352 58

2. Article Number (Transfer from service label)
 022 2410 0001 6639 0418

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Kathy Ginn C. Date of Delivery 7/13/23
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SCAG
 Att: MARK Farthing
 PO Box 11549
 Columbia SC 29211



9590 9402 8093 2349 7352 41

2. Article Number (Transfer from service label)
 22 2410 0001 6639 0449

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Ward C. Date of Delivery 7/13/23
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SCAG
 Att: Alan Wilson
 PO Box 11549
 Columbia SC 29211



9590 9402 8093 2349 7352 65

2. Article Number (Transfer from service label)
 122 2410 0001 6639 0432

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Ward C. Date of Delivery 7/13/23
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt



LITTLE RIVER
 4299 HORSESHOE RD N
 LITTLE RIVER, SC 29566-9998
 (800) 275-8777

11/28/2023 10:11 AM

Product	Qty	Unit Price	Price
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First-Class Mail® Large Envelope	1		\$3.03
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Georgetown, SC 29442
 Weight: 0 lb 8.00 oz
 Estimated Delivery Date
 Thu 11/30/2023

Certified Mail®
 Tracking #: 70222410000166390456

Return Receipt
 Tracking #: 9590 9402 8093 2349 7352 27

Total \$10.93

Grand Total: \$10.93

Debit Card Remit \$10.93

Card Name: VISA
 Account #: XXXXXXXXXXXX0014

Approval #: 334547
 Transaction #: 673

Receipt #: 028719
 Debit Card Purchase: \$10.93

AID: A0000000960840
 AL: US DEBIT

PIN: Verified
 Chip

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Preview your Mail
 Track your Packages
 Sign up for FREE @

**U.S. Postal Service™
 CERTIFIED MAIL® RECEIPT**
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE
 Georgetown, SC 29442

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$0.00
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00

Postage \$3.03

Total Postage and Fees \$10.93

Sent To
 Healy, Luke B. Gilbertson
 Street and Apt. No., or PO Box No.
 PO Box 579
 Georgetown, SC 29442

PS Form 3800, April 2015 PSN 7530-02-000-9047
 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HC Solicitors
 1301 2nd Ave
 Conway SC 29526

2. Article Number (Transfer from service label)
 9590 9402 8093 2349 7352 34

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

4. Signature
 [Signature]

5. Date of Delivery
 11/28/2023

6. Is delivery address different from item 1?
 Yes
 No



(843) 593-7240
Appellant

LITTLE RIVER
4299 HORSESHOE RD N
LITTLE RIVER, SC 29566-9998
(800)275-8777

11/10/2023 10:33 AM

Product	Qty	Unit Price	Price
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First-Class Mail® Large Envelope Columbia, SC 29211 Weight: 0 lb 7.60 oz Estimated Delivery Date Mon 11/13/2023	1		\$3.03
Certified Mail® Tracking #: 70222410000166390449			\$4.35
Return Receipt Tracking #: 9590 9402 8093 2349 7352 41			\$3.55
Total			\$10.93

First-Class Mail® Large Envelope Columbia, SC 29211 Weight: 0 lb 7.60 oz Estimated Delivery Date Mon 11/13/2023	1		\$3.03
Certified Mail® Tracking #: 70222410000166390432			\$4.35
Return Receipt Tracking #: 9590 9402 8093 2349 7352 65			\$3.55
Total			\$10.93

First-Class Mail® Large Envelope Conway, SC 29526 Weight: 0 lb 7.60 oz Estimated Delivery Date Mon 11/13/2023	1		\$3.03
Certified Mail® Tracking #: 70222410000166390425			\$4.35
Return Receipt Tracking #: 9590 9402 8093 2349 7352 34			\$3.55
Total			\$10.93

First-Class Mail® Large Envelope Conway, SC 29526 Weight: 0 lb 7.60 oz Estimated Delivery Date Mon 11/13/2023	1		\$3.03
Certified Mail® Tracking #: 70222410000166390418			\$4.35
Return Receipt Tracking #: 9590 9402 8093 2349 7352 58			\$3.55
Total			\$10.93

Grand Total: \$43.72

Credit Card Remit \$43.72
 Card Name: MasterCard
 Account #: XXXXXXXXXXXX6641
 Approval #: 123835
 Transaction #: 748