

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:
 Bruce A. Bertinsky
 1 Carriage Lane Suite F
 Charleston SC 29407



9590 9402 8675 3310 5328 36

2. Article Number (Transfer from service label)
 9589 0710 5270 2165 5159 69

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jessica Byrd* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Jessica Byrd 10/2/25

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 (over \$500) | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

RECEIVED

Oct 24 2025

SC Court of Appeals

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1. Article Addressed to:
 SC Court of Appeals
 P.O. Box 11629
 Columbia, SC 29211



9590 9402 8401 3156 2599 49

Article Number (Transfer from service label)
 7022 2410 0001 4668 7477

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Howard* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Howard Chest 6-7-28

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 (over \$500) | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING#



CHARLESTON SC 294
2 JUN 2025 PM 3 L

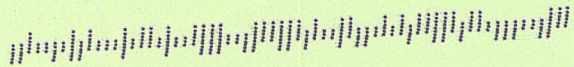
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 8675 3310 5328 36

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Tomeka Shayron Middleton
3074 River Road
John's Island SC 29455



USPS TRACKING#



9590 9402 8401 3156 2599 49

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Tomeka Shayron Middleton
3074 River Road
John's Island SC 29455