

NOTICE RECEIVED

FEB 04 2026

SC Court of Appeals THE SOUTH CAROLINA COURT OF APPEALS

RE: MARION WADE FRYE #375354 V. United States et al.

Motions: To take Depositions Pending Appeals;

For Transcript Past Filing Deadlines;

To Amend Notice of Appeals; and \$250.00 Filing Fees;

CASE Nos: 2025-CP-40-01961; 2025-CP40-03201; and

2025-NI-40-00025;

Dear Chief Justice:

I, MARION FRYE #375354 received written Notice of entry of Your Letters Dated January 6, 2026 and January 12, 2026, I did not receive written Notice of Entry until January 16, 2026, and I did submit all Fees to the South Carolina Department of Corrections within the time frame (hereinafter S.C.D.C.), see all Copy Receipts - Exhibits Enclosed Pursuant to Code of Laws of South Carolina 1976 Annotated § 23-4-10; Legislative Findings and Pursuant to *Houston v. Lack*, 487 U.S. 266 (1988).

All Copies of Receipts with DATES to show Payment dates and the Litigation Process submitted by appellant during the time frame, please clock/date, stamp, file and return Copies of all Exhibits and Receipts enclosed.

NOTICE: S.C.D.C. is purposely hindering Appellant of Sending Checks, Legal Supplies, taking possession of Appellant's Legal mail, and the physical mail room in these Actions; To include Appellant Dialing of 22 to Report the Criminal Activity;

I received written Notice of Your letter dated January 21, 2026 on January 29, 2026 regarding these Payments and Dismissal.

January 29, 2026

Turbeville, S.C.

Marion M. Frye
MARION WADE FRYE #375354
1578 Llanerch Coker Hwy.
Turbeville, S.C. 29162



Exhibit

The South Carolina Court of Appeals

JENNY ABBOTT KITCHINGS
CLERK

CATHERINE S. HARRISON
CHIEF DEPUTY CLERK

POST OFFICE BOX 11629
COLUMBIA, SOUTH CAROLINA 29211
1220 SENATE STREET
COLUMBIA, SOUTH CAROLINA 29201
TELEPHONE: (803) 734-1890
FAX: (803) 734-1839
www.sccourts.org

January 12, 2026

Marion Wade Frye, 375354
1578 Clarence Coker Hwy
Turbeville SC 29162

Re: Marion Wade Frye, #375354 v. United States
Appellate Case No. 2025-002448

Dear Mr. Frye:

Upon reviewing your motion to amend the notice of appeal, the following deficiency or deficiencies have been noted under the South Carolina Appellate Court Rules (SCACR), and any deficiency must be corrected within ten (10) days of the date of this letter or your filing will not be considered:

- The accompanying proof of service is not in compliance with the SCACR. Your proof of service should be substantially in the format shown by Form 7 in Appendix C to part II of the SCACR. Specifically, you must serve this motion on all respondent counsel and provide the addresses they were served at.
- The required filing fee has not been submitted. The correct filing fee is \$50.00.

Exhibit

South Carolina Department of Corrections
Division of Finance

Financial Accounting
Branch Use Only:

COOPER TRUST FUND WITHDRAWAL

Facility:

Location Code

Date:
M M D D Y Y

ACCOUNT INFORMATION

Account Number:
Inmate # or Employee SS#

Account Name:
First

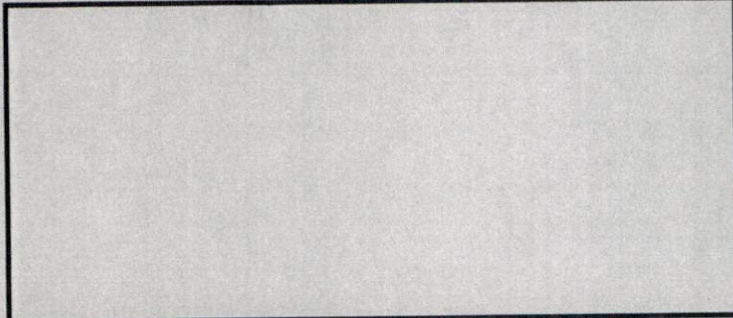
MI

Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$

Inmate/Accountholder Signature



Inmate Thumb & Index fingerprints required.

Signature of Institution Staff Inmate ID Verification

Case No. 2025-002448
Motion For Deposition

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business

Individual
First

MI

Last

PAYEE'S MAILING ADDRESS

Street/Box

Street/box (optional line)

City

State

Zip Code

ATTACHMENT: Y/N

If an ORDER or REMITTANCE form is attached for mailing with a check to vendor enter Y-yes; if none, enter N.

NO other types of attachments (letters, cards, etc.) will be accepted.

South Carolina Department of Corrections
Division of Finance
COOPER TRUST FUND WITHDRAWAL

Exhibit

Financial Accounting
Branch Use Only:

Facility:

T	A	R	B	E	V	I	L	L	E
---	---	---	---	---	---	---	---	---	---

0	5	7	1
---	---	---	---

Location Code

Date:

0	1	1	4	2	6
---	---	---	---	---	---

M M D D Y Y

ACCOUNT INFORMATION

Account Number:

3	7	5	3	5	4		
---	---	---	---	---	---	--	--

Inmate # or Employee SS#

Account Name:

M	A	R	I	O	N		
---	---	---	---	---	---	--	--

First

W

MI

F	R	Y	E				
---	---	---	---	--	--	--	--

Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

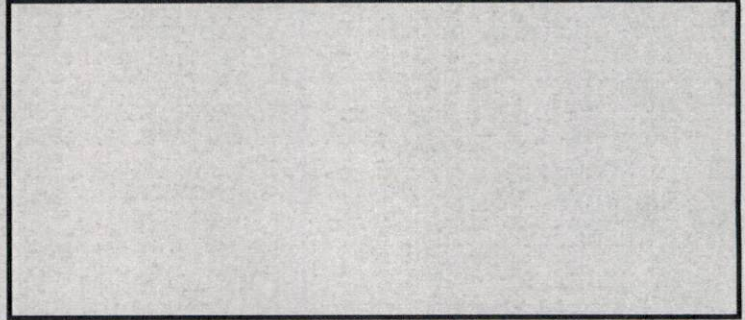
\$

		,	5	0	.	0	0
--	--	---	---	---	---	---	---

Marion Luge
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Inmate ID Verification

Signature of Warden / Printed Name of Warden



Inmate Thumb & Index fingerprints required.

Case No. 2025-002448
Motion For Transcript Past Deadline

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business:

S	O	U	T	H	C	A	R	O	L	I	N	A	C	T	A	P	P	E	A	L	S
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Individual:

--	--	--	--	--	--	--	--

First

--

MI

--	--	--	--	--	--	--	--

Last

PAYEE'S MAILING ADDRESS

Street/Box:

P	O	B	O	X	1	1	6	2	9				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

Street/box (optional line):

--	--	--	--	--	--	--	--	--	--	--	--	--	--

C	O	L	O	M	B	I	A				
---	---	---	---	---	---	---	---	--	--	--	--

City

S	C
---	---

State

2	9	7	1	1
---	---	---	---	---

Zip Code

VENDOR ATTACHMENT: Y/N

Y

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South Carolina Department of Corrections
Division of Finance
COOPER TRUST FUND WITHDRAWAL

Financial Accounting
Branch Use Only:

Exhibit

Facility:

T	u	r	b	e	v	i	l	l	e
---	---	---	---	---	---	---	---	---	---

0	5	7	1
---	---	---	---

Location Code

Date:

0	1	1	6	2	6
---	---	---	---	---	---

M M D D Y Y

ACCOUNT INFORMATION

Account Number:

3	7	5	3	5	4		
---	---	---	---	---	---	--	--

Inmate # or Employee SS#

Account Name:

F	.	R	Y	E					
---	---	---	---	---	--	--	--	--	--

First

M

MI

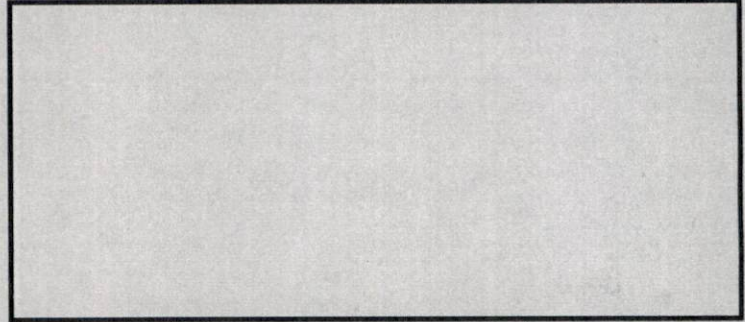
F	R	Y	E								
---	---	---	---	--	--	--	--	--	--	--	--

Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$

		,	5	0	.	0	0
--	--	---	---	---	---	---	---



Inmate Thumb & Index fingerprints required.

Case No. 2025-002448

Marion Lyles
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Inmate ID Verification

Signature of Warden / Printed Name of Warden

Motion to Amend Notice of Appeal

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business:

S	o	u	t	h	C	a	r	o	l	i	n	g	C	t	A	p	p	e	a	l	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Individual:

--	--	--	--	--	--	--	--	--	--

First

--

MI

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last

PAYEE'S MAILING ADDRESS

Street/Box:

P	.	O	.	B	O	X		1	1	6	2	9						
---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

Street/box (optional line):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C	o	l	u	m	b	i	a						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

City

S	C
---	---

State

2	9	2	1	1
---	---	---	---	---

Zip Code

VENDOR ATTACHMENT: Y/N

Y

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South Carolina Department of Corrections
Division of Finance

Financial Accounting
Branch Use Only:

COOPER TRUST FUND WITHDRAWAL

Exhibit

Facility:

K	U	R	B	E	V	I	L	L	E
---	---	---	---	---	---	---	---	---	---

0	5	7	1
---	---	---	---

Location Code

Date:

0	1	0	2	2	6
---	---	---	---	---	---

M M D D Y Y

ACCOUNT INFORMATION

Account Number:

3	7	5	3	5	4
---	---	---	---	---	---

Inmate # or Employee SS#

Account Name:

M	A	R	I	O	N
---	---	---	---	---	---

First

W

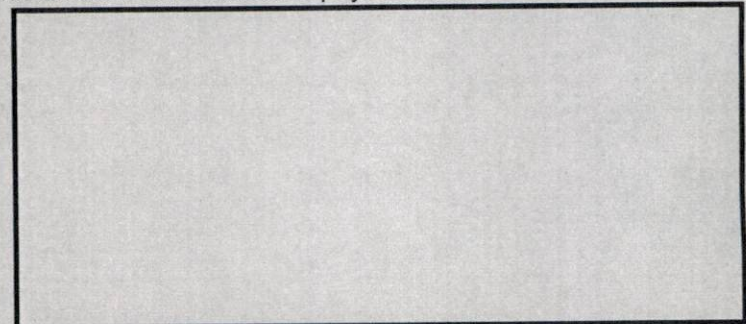
F	R	Y	E
---	---	---	---

MI Last

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$

		,	5	0	.	0	0
--	--	---	---	---	---	---	---



Marrion Frye
Inmate/Accountholder Signature

Jane D.
Signature of Institution Staff Inmate ID Verification

Inmate Thumb & Index fingerprints required.

Signature of Warden / Printed Name of Warden

App. Case No. 2025-002448

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business:

S	O	U	T	H	C	A	R	O	L	I	N	G	O	F	F	C	E	A	D	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Individual:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First MI Last

PAYEE'S MAILING ADDRESS

Street/Box:

1	2	2	0	S	R	N	T	E	S	T	R	E	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street/box (optional line):

S	U	I	T	E	2	0	0													
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

C	O	L	O	M	B	L	A
---	---	---	---	---	---	---	---

S	C
---	---

2	9	2	0	1
---	---	---	---	---

City State Zip Code

VENDOR ATTACHMENT: Y/N

If an ORDER or REMITTANCE form is attached for mailing with a check to vendor enter Y=yes; if none, enter N.

NO other types of attachments (letters, cards, etc.) will be accepted.

MARION WADE FRYE #375354
Turbeville, S.C. TA-134-B
1578 ~~Turbeville, S.C. 29162~~
Clarence Coker Hwy.
Turbeville, S.C. 29162



RECEIVED
JAN 29 2026

MAILROOM
TURBEVILLE, SC

RECEIVED

FEB 04 2026

SC Court of Appeals

South Carolina Court of Appeals
P.O. Box 11629
Columbia, S.C. 29211

Legal mail

