

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 \$25,000 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 Clarence Coker Hwy.
Turbeville, S.C. 29162

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

Exhibit

Financial Accounting
Branch Use Only:

Facility:

G	ur	b	e	v	i	l	e
---	----	---	---	---	---	---	---

0	5	9	0
---	---	---	---

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.

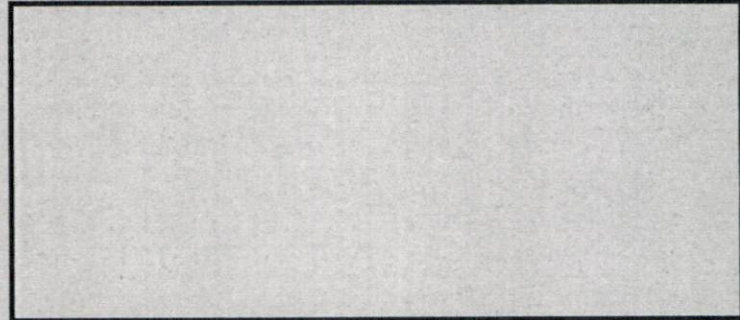
\$

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

Marion Love
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 2025-002449
Motion For Transmittal Pay 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	H		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

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

Financial Accounting
Branch Use Only:

Exhibit

Facility: T u r b o v i l l e

6 5 7 1
Location Code

Date: 0 1 1 6 2 6
M M D D Y Y

ACCOUNT INFORMATION

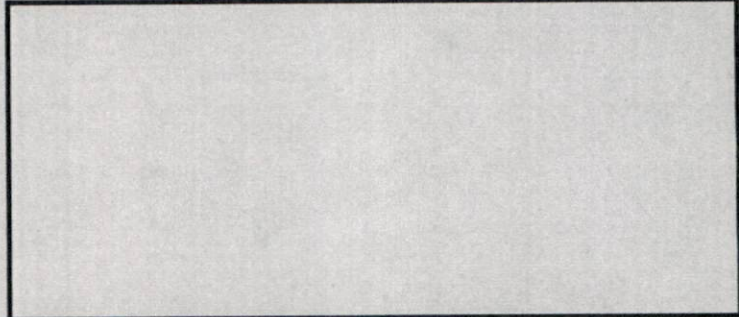
Account Number: 3 7 5 3 5 4
Inmate # or Employee SS#

Account Name: M A R I O N
First

MI Last
W F R Y E

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.

Marion Lege
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Inmate ID Verification

CASE No. 2025-002449

Motion To Amend Notice of Appeal

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Name: 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 u m b i a
City

S C
State

2 9 2 1 1
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.

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

Financial Accounting
Branch Use Only:

Exhibit

Facility: Turbeville

0591
Location Code

Date: 010226
M M D D Y Y

ACCOUNT INFORMATION

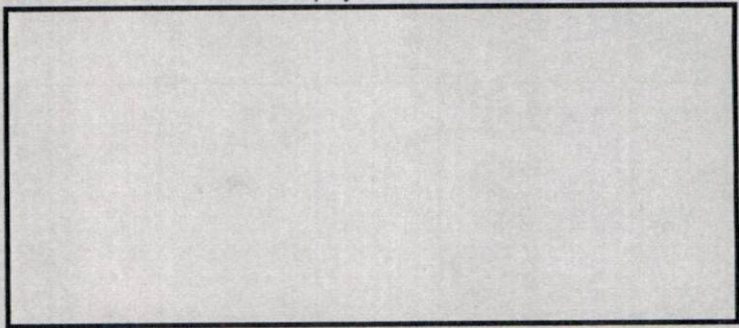
Account Number: 375354
Inmate # or Employee SS#

Account Name: Marion
First

W Frye
MI Last

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

\$, 50.00



Inmate Thumb & Index fingerprints required.

Marion Frye
Inmate/Accountholder Signature

Joe. [Signature]
Signature of Institution Staff Inmate ID Verification

Signature of Warden / Printed Name of Warden

App. Use No.
2025-002449

PAYEE INFORMATION

Payee Name: select vendor OR individual

Vendor/Business: South Carolina DFF C+ adm

Individual: [Empty boxes for First, MI, Last]

PAYEE'S MAILING ADDRESS

Street/Box: 1220 Senate Street

Street/box (optional line): Site 200

Columbia
City

SC
State

29201
Zip Code

VENDOR ATTACHMENT: Y/N

Y

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

Exhibit

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#

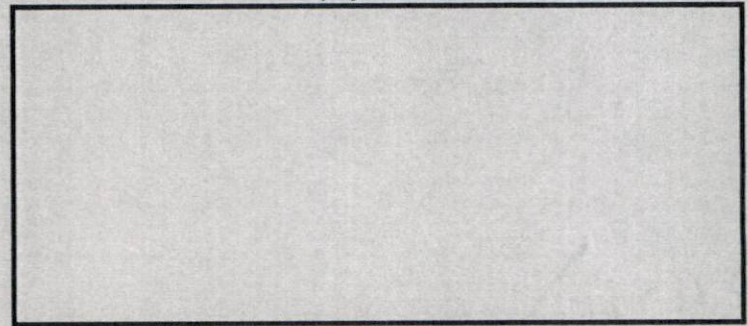
Account Name:
First

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

Signature of Warden / Printed Name of Warden

Case No. 2025-002449

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

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

