

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-CP46-03201; 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 check, 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



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](http://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 (3)  
Appellate Case No. 2025-002450

Dear Mr. Frye:

Upon reviewing your motion to amend your 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 where they were served.
- The required filing fee has not been submitted. The correct filing fee is \$50.00.

South Carolina Department of Corrections  
Division of Finance

Financial Accounting  
Branch Use Only:

COOPER TRUST FUND WITHDRAWAL

Facility:

TURBEVILLE

0571

Location Code

Date:

01 08 24  
M M D D Y Y

ACCOUNT INFORMATION

Account Number

375354

Inmate # or Employee SS#

Account Name:

Marion

First

W

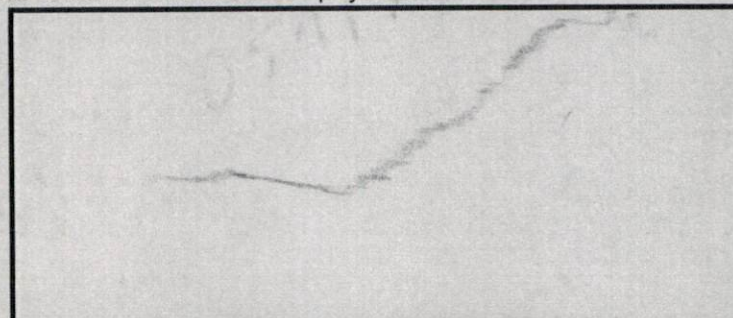
MI

Arye

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 Dale Arye*

Inmate/Accountholder Signature

*[Signature]*

Signature of Institution Staff Inmate ID Verification

*Check form brought and signed inside Unit  
A / No. 2025-002450*

*No mail room?*

*Motion To Take Deposition Pending Appeal*

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business

South Carolina Ct Appeals

Individual

First

MI

Last

PAYEE'S MAILING ADDRESS

Street/Box

PO Box 11629

Street/box (optional)

Columbia

City

SC

State

29211

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

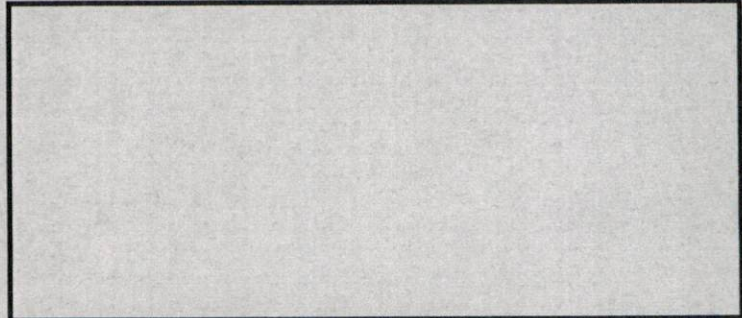
Account Number:  Inmate # or Employee SS#

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.

\$  ,  50 .  00



*Marion Lege*  
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. 2025-002450  
Motion for Transcript Pay  
Deadline

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.

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

Exhibit

Financial Accounting  
Branch Use Only:

Facility: 

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

  
Location Code

Date: 

0	1	1	6	2	6
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M M D D Y Y

ACCOUNT INFORMATION

Account Number: 

3	7	5	3	5	4		
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Inmate # or Employee SS#

Account Name: 

M	A	R	I	O	N		
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First

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F	R	Y	E				
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MI Last

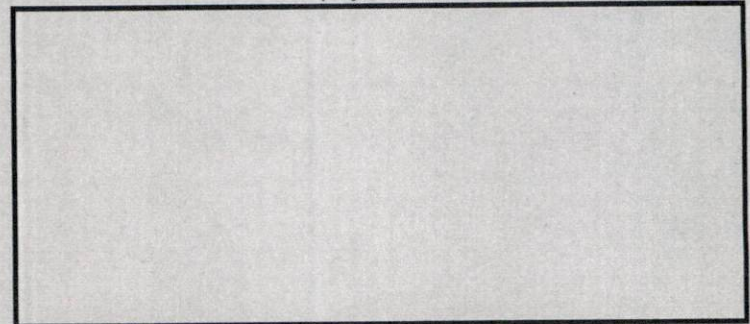
I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$ 

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 , 

5	0	.	0	0
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*Marion Frye*  
Inmate/Accountholder Signature

*[Signature]*  
Signature of Institution Staff Inmate ID Verification

Inmate Thumb & Index fingerprints required.

CASE No. 2025-002450

Motion to Amend Notice of Appeal

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business: 

S	o	u	t	h		C	a	r	o	l	i	n	a		C	+		A	p	p	e	a	l	s
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Individual: 

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

  
First MI Last

PAYEE'S MAILING ADDRESS

Street/Box: 

P	o	.	B	o	x		1	1	6	2	9					
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Street/box (optional line): 

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

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

  
City State Zip Code

VENDOR ATTACHMENT: Y/N

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

Financial Accounting  
Branch Use Only:

Exhibit

Facility:

Location Code

Date:   
M M D D Y Y

ACCOUNT INFORMATION

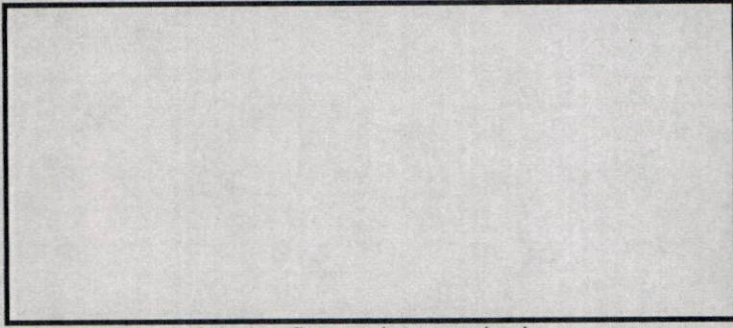
Account Number:   
Inmate # or Employee SS#

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

Signature of Institution Staff Inmate ID Verification

Inmate Thumb & Index fingerprints required.

Signature of Warden / Printed Name of Warden

App. Case No. 2025-002480

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 WADEFRYE #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

