

NOTICE

RECEIVED

EXHIBIT:

APR 21 2026

Dear Chief Justice

SC Court of Appeals

I, MARION WADE FRYE am Being Refused Legal Supplies to enable my Legal mail that I Sent these motions out in a S.G.O.C Envelope to the mail room on the Date Provided, and all my Litigation Documents are Constantly Returning of the State thwarting my Cases, S.G.O.C. is also Refusing me to Send checks in these Actions of the times Provided by the Courts, and are ONLY Providing me one (1) two and a half inch Flex Pen to litigate in over 30 days of MUTUAL CIVIL ACTIONS, I need the Courts assistance and to Please Clock, date, Stamp, File, and Return all Copies Please, For enclosed are are Exhibits of my self endeavoring to PAY For the Transcripts Past Deadlines, S.G.O.C Will Not Stop thwarting these Cases, that I told the OFFICER Gomez "I was Forced to go on "Hunger Strike" because S.G.O.C is not enabling me to PAY For and Receive the Legal Supplies Requested, and in SUFFICIENT amounts to SUFFICE to these Actions: APRIL 11, 2026

Plaintiff's Life, Safety, Health, and Wellfare is in Imminent Danger, Please Help!

#(1): A C/A No. 2025-002448

#(2): A C/A No. 2025-002449

#(3): A C/A No. 2025-002450

South Carolina Court of Appeals

OFFICER Gomez Provided these Envelopes / Legal Envelopes to Re Forward these Documents out Constantly Returning:

APRIL 11, 2026

cc: Power of Attorney
Burrell B. Kelly

Marion Wade Frye
MARION WADE FRYE #375354
610 Hwy. 9 West
Bennettsville, S.C. 29512

EXHIBIT

Marian Lye:

04-04-2026

Dear EVANS C.I. mail room

Mrs out law:

Please copy all six copies of the pink original Receipts of the 15-1 Forms and return the originals

and Forward the Copies and All other motions and EXHIBITS To the:

South Carolina Court of Appeals

P.O. Box 11629

Columbia, S.C. 29201

RECEIVED

APR 21 2026

SC Court of Appeals

total of ~~28~~ pages

First class mail postage

and return to 10-14 Super Form

and 6 pink original 15-1 Forms

#(2) C/ANB. 2525-002449
#(2) C/AND: 2025-002448
#(3) 2025-002450

#(1)

South Carolina Department of Corrections
Division of Finance

Financial Accounting
Branch Use Only:

COOPER TRUST FUND WITHDRAWAL

Facility: Cyberville

0571
Location Code

Date: 010226
M M D D Y Y

ACCOUNT INFORMATION

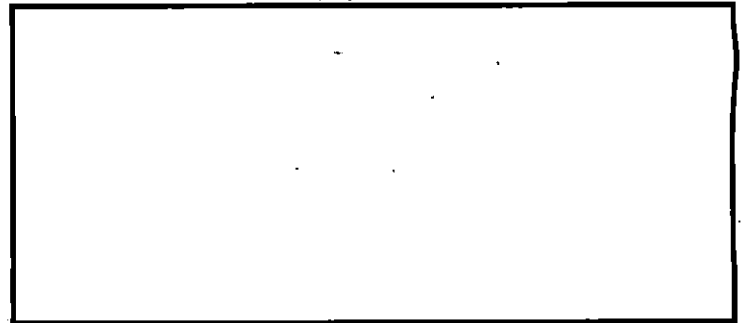
Account Number: 375354
Inmate # or Employee SS#

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



Marion Frye
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Inmate ID Verification

Inmate Thumb & Index fingerprints required.

EXHIBIT (3)
Appellant Case No. 2025-002448
App. Case No. 2025-002448

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Name: select vendor OR individual

Vendor/Business: South Carolina Dept of Corrections Adm

Individual: [Empty] First [Empty] MI [Empty] Last

PAYEE'S MAILING ADDRESS

Street/Box: 1220 Senate Street

Street/box (optional line): Suite 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

Financial Accounting
Branch Use Only:

COOPER TRUST FUND WITHDRAWAL

Facility: W. Beville

0501
Location Code

Date: 01/14/26
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

EXHIBIT (8):
Inmate Thumb & Index fingerprints required.

Marion Lee
Inmate/Accountholder Signature

[Signature]
Signature of Institution Staff Inmate ID Verification

[Signature]
Signature of Warden / Printed Name of Warden

CASE No. 2025-002450
Motion For Transcript + past
Deadlines

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business: SOUTH CAROLINA CT APPEALS

Individual: [Blank] [Blank] [Blank]
First MI Last

PAYEE'S MAILING ADDRESS

Street/Box: P.O. Box 11629

Street/box (optional line): [Blank]

Columbia
City

SC
State

29211
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
MAX - 0239-A
610 Hwy, 9 West
Bennettsville, S.C. 29512

RECEIVED

APR 21 2026

SC Court of Appeals



US POSTAGESM PITNEY BOWES

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02 4W
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SOUTH CAROLINA COURT OF APPEALS
ATTN: CHIEF JUSTICE
P.O. BOX 11629
COLUMBIA, S.C. 29211

LEGAL MAIL