

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

Appellant Case No. 2016-000495

RECEIVED
MAR 29 2016
SC Court of Appeals

Re: Jim Washington V. Trident Medical Center, LLC
Appellate Case No. 2016-000495

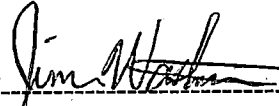
Dear Mrs. Jenny Abbott Kitchings, Clerk:

This letter is in reference to your March 21, 2016 notice requesting the need to correct any deficiency in the ordering of the transcript as per Rule 207(a)(1), SCACR.

I, Jim Washington did ordered the transcript from Mrs. Phyllis H. Norton, court reporter on March 10, 2016 by depositing a copy of the request in U.S. POST OFFICE with certified letter and return receipt requested. I also forward a copy of the transcript request to Office of the South Carolina Court Administration at 1220 Senate Street, Suite 200, Columbia, S. C. 29201 on March 10, 2016 and spoke to it's personnel by telephone and have receive the return receipt dated March 16, 2016. Finally, I forward a copy of the trancript request to respondent counsel David H. Batten, at 4141 Parklake Avenue, Suite 350, Raleigh, N. C. 27612 on March 10, 2016 with certified letter return receipt requested and have received return receipt on March 16, 2016. A copy of these return receipt are attached to this letter for verification. Please accept all the above notifications as full and correcting all deficiencies in ordering the transcript on the date of March 10, 2016.

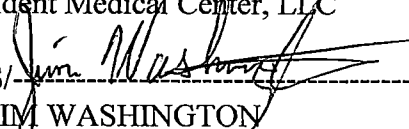
I, Jim Washington appellant received the transcript from Mrs. Phyllis H. Norton on March 23, 2016. Therefore, March 23, 2016 should serve as receipt of transcript and the beginning time limit to serve other matter to this appeal.

A copy of this letter is being forwarded to the South Carolina Court Administration and Respondent counsel to the above addresses.

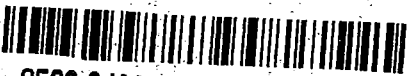
S/  3/24/16
JIM WASHINGTON
209 SIGNET DRIVE
EUTAWVILLE, S.C. 29048
(803) 496-4655


Jim Washington V. Trident Medical Center, LLC
South Carolina Court of Appeals No. 2016-000495
Reference No.2015-CP-10-5000


Dear Mrs. Phyllis H. Norton, I Jim Washington, appellant do hereby enclose a postal money of \$20.25 for 3(three) complete original copies of the hearing transcript of the above civil action held on January 7, 2016 before JUDGE R. MARKLEY DENNIS, Jr. This is the amount you said is the cost for the 3(three) copies during our telephone communication on March 15, 2016. Thank you kindly for complete cooperation. Again, I am forwarding a copy of this request to the clerk of the South Carolina Court of Appeals, South Carolina Court Administration and Respondent Trident Medical Center, LLC counsel.

S/ 
JIM WASHINGTON
209 SIGNET DRIVE
EUTAWVILLE, S. C. 29048
(803) 496-4655
Attorney/ Pro SE

March 16, 2016

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>A. Marcot</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A. Marcot</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <i>David H. Batten</i> <i>4141 Parklake Avenue, Suite 350</i> <i>Raleigh, N.C. 27612</i>		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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (500)	
2. Article Number (Transfer from service label) 7015 1730 0002 1346 9856		 9590 9403 0641 5183 0436 20	
PS Form 3811, April 2015 PSN 7530-02-000-9099 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>P. Grant</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>P. Grant</i></p> <p>C. Date of Delivery <i>3/16/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <i>South Carolina Court Administration</i> <i>1220 Senate Street, Suite 200</i> <i>Columbia, S.C. 29201-3739</i>		 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7015 1730 0002 1346 9283		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>H. Woodcock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>H. Woodcock</i></p> <p>C. Date of Delivery <i>3-17-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <i>Jenny Abbott Kitchings, Clerk</i> <i>South Carolina Court of Appeals</i> <i>P.O. Box 11629</i> <i>Columbia, S.C. 29211</i>		 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label) 7015 1730 0002 1346 9276		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt			

Jim Washington
209 Signet Drive
Eutawville, S.C. 29048



1000



29211

U.S. POSTAGE
PAID
SANTEE, SC
29142
MAR 24, 16
AMOUNT

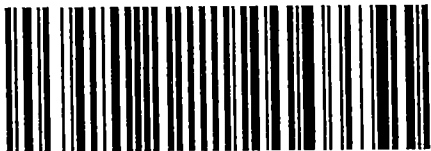
\$6.25

R2305K139978-04



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 1730 0002 1346 9634

RECEIVED

Mrs. Jenny Abbott Kitman Clerk
March 29 2016
South Carolina SC Court of Appeals
Post Office Box 11629
Columbia, S.C. 29211