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APR 25 2017

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FINANCIAL CERTIFICATE
FOR THE
DISTRICT OF SOUTH CAROLINA
(for use in § 1983, Bivens, and non-habeas civil actions filed by prisoners)

Add Allendale
FIA23
UNIT #

I request that an authorized officer of the institution in which I am confined, or other person designated to review financial information in relation to inmate trust funds, complete this Certificate. If I have insufficient funds in my account that prohibit me from paying the full filing fee required by 28 U.S.C. § 1914 (currently \$350.00), I will send with my complaint an initial installment payment, required by 28 U.S.C. § 1915, equal to the amount calculated and entered on line four by the authorized officer signing this form.

I recognize that by filing this case, I am required to pay the full filing fee (or the remaining unpaid portion of the filing fee by installments if necessary) under 28 U.S.C. § 1915(b) even though I am requesting to proceed *in forma pauperis*. I authorize and consent to collection of the filing fee in accordance with 28 U.S.C. § 1915 until the filing fee is paid in full.

Larry Logan INMATE NAME (PRINTED) Larry Logan 10947 INMATE (PRISONER) NUMBER
Larry Logan INMATE SIGNATURE A.C.T. PLACE OF CONFINEMENT

- ◆ (1) Average monthly deposits to the inmate's account.....\$ 0.10
- ◆ (2) Average monthly balance in the inmate's account calculated for the prior six months period.\$ 0.10
- ◆ (3) Current Balance\$ 0.10
- ◆ (4) Initial Installment Payment (Take 20 percent of the greater of lines 1 or 2).....\$ 0

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SC Court of Appeals

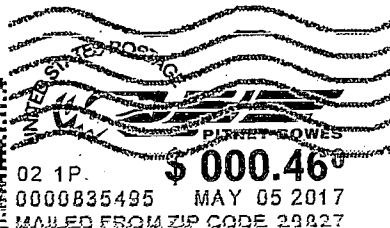
I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

Angela Hingle Authorized Officer's Signature 4/28/17 Date
Angela Hingle Pin Acct. Authorized Officer's Name and Title

Larry Logan #109472
A.C.F F-1 R23
1057 Revolutionary trail
P.O Box 1151
Fairfax S.C 29827

AUGUSTA GA 309

05 MAY 2017



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Jenny Abbott Kilchings, Clerk

Post office Box 11629

Columbia S.C. 29211

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