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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CALHOUN COUNTY
Court of General Sessions

Maite Murphy, Presiding Circuit Court Judge

Case Nos. 2015A0310100224; 0225; 0226

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SC Court of Appeals

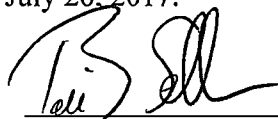
State of South CarolinaRespondent.

v.

Untonyo Ferjearl JohnsonAppellant.

NOTICE OF APPEAL

Untonyo F. Johnson appeals the conviction and sentence in this case. The sentence was imposed by the Honorable Maite Murphy on July 26, 2017.



Bakari T. Sellers

STROM LAW FIRM, LLC
2110 N. Beltline Blvd.
Columbia, SC 29204
(803) 252-4800
Attorney for Appellant

This the 2nd day of August, 2017.

Other Counsel of Record:

Assistant Solicitor Ted Lupton
Calhoun County Solicitor's Office
120 Mill Street
St. Matthews, South Carolina 29135
(803) 874-1978

/

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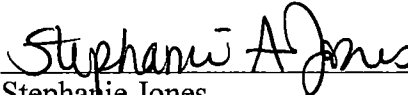
PROOF OF SERVICE

I, Stephanie Jones, with The Strom Law Firm, affirm that I served a copy of the following documents on Assistant Solicitor Ted Lupton and the S.C. Attorney General's Office by delivering the same to them through certified mail, on August 2, 2017, at the following addresses:

Documents: Notice of Appeal

Served: Assistant Solicitor Ted Lupton
Calhoun County Solicitor's Office
120 Mill Street
St. Matthews, SC 29135

S.C. Attorney General's Office
Post Office Box 11549
Columbia, SC 29211



Stephanie Jones

Sworn to and subscribed before me
this 2nd day of Aug., 2017

du Wen
Notary Public for South Carolina
My Commission Expires: 7/25/21

J. P. STROM, JR. P.A.
MARIO A. PACELLA*
JOHN R. ALPHIN
BAKARI T. SELLERS
JESSICA L. FICKLING
ALEXANDRA BENEVENTO
AMY E. WILLBANKS*

* ALSO ADMITTED IN GA AND N.Y.
° OF COUNSEL

STROM
LAW FIRM L.L.C.

2110 N. BELTLINE BOULEVARD
COLUMBIA, SOUTH CAROLINA 29204

COLUMBIA, SOUTH CAROLINA
BRUNSWICK, GEORGIA

PHONE: 803-252-4800
FAX: 803-252-4801
TOLL FREE: 888.490.2847
WWW.STROMLAW.COM

August 9, 2017

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SC Court of Appeals

S.C. Court of Appeals
Attn: Clerk of Court
1220 Senate Street
Columbia, South Carolina 29201

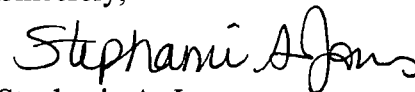
Re: State vs. Untonyo Johnson
Case No.: 2015A0310100224 – 0226
Notice of Appeal

Dear Sir/Madam:

Please find enclosed the original and five (5) copies of the Appellant's Notice of Appeal, Proof of Service, and copy of the signed Certified Mailing cards pertaining to the above referenced matter. Please note that we have not been retained to represent Mr. Johnson in the appeal, but are filing his Notice as the trial attorneys that handled the case in the lower court.

Thank you in advance for your attention and cooperation in this matter. Should you have any questions or concerns regarding this matter please feel free to contact our office.


Sincerely,




Stephanie A. Jones
Paralegal to Bakari T. Sellers

SJ/

Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Anthony K. Mack</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jack</i> C. Date of Delivery <i>8/1/17</i></p>														
<p>1. Article Addressed to:</p> <p><i>SC Attorney General's Office PO Box 11549 Columbia SC 29211</i></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>														
 <p>9590 9402 2282 6225 6328 15</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" 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 (over \$500)	
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<p>2. Article Number (Transfer from service label)</p> <p>7013 1710 0001 8440 3253</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>														

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<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Theodore N. Lupton</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Theodore N. Lupton</i> C. Date of Delivery <i>8-9-17</i></p>														
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<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 1154 1402</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>														

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