

KELAHER, CONNELL & CONNOR, P.C.

ATTORNEYS AT LAW

SUITE 209

THE COURTYARD

1500 U.S. HIGHWAY 17 NORTH

P.O. DRAWER 14547

SURFSIDE BEACH, SOUTH CAROLINA 29587

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GENE M. CONNELL, JR.
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LISA POE DAVIS

* OF COUNSEL

AREA CODE 843
238-5648
FAX: 238-5050

August 30, 2018

RECEIVED
SEP 04 2018
SC Court of Appeals

Donna Martin
Prestige Court Reporting
413 Paul Street
Conway, SC 29527

VIA EMAIL AND REGULAR MAIL – dmartin@prestigecourtreporting.com

Re: **Andrew Waldo, Jane Zheng and SC Coast Properties, LLC d/b/a Keller Williams Realty v. Michael Cousins, Founders Five, LLC d/b/a Sperry Van Ness Founders Group, and South Carolina Association of REALTORS**
Case No.: 2016-CP-26-0338

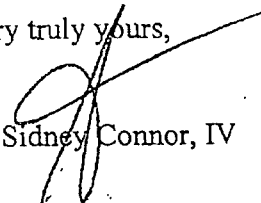
Dear Ms. Martin:

On June 21, 2017, a matter was heard before the Honorable Cynthia Graham Howe, in Horry County. My records indicate that Prestige Court Reporting was the court reporter for this case.

I request that you provide me with a transcript of the proceedings. I enclose the Form SCCA 800/Transcript Request Form .

I agree to pay the per page charge for this transcript as provided by Rule 607, SCACR.

Very truly yours,

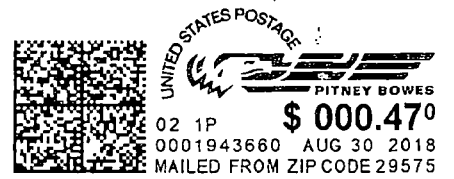

L. Sidney Connor, IV

LSCIV:lb
Enclosure

cc: Douglas M. Zayicek, Esquire
Marcus A. Manos, Esquire
S. C. Court Administration
VIA EMAIL – TRANSCRIPTS@SCCOURTS.ORG
Clerk, S. C. Court of Appeals

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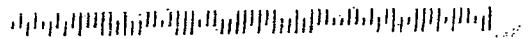
COLUMBIA
SC 299
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Jenny Abbott Kitchings
The South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

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SC Court of Appeals

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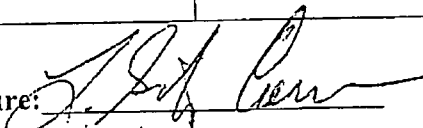


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 SC Court of Appeals

Transcript Request Form

Pursuant to Rule 207 and 607 of the South Carolina Appellate Court Rules, the transcribed paper copies are the official record of court proceedings. You may request a transcript by completing this form and emailing it to the Court Reporter and to South Carolina Court Administration at transcripts@sccourts.org. Click [here](#) for instructions on how to find the court reporter's email and mailing addresses. Once the court reporter receives your request, it will be processed pursuant to Rule 207 and 607 of the SCACR. Rule 607(h) governs the fees for transcripts, which are not provided for free or at reduced rates to any party. Please send by mail a money order or certified bank check to the court reporter in order to obtain the transcript. Some court reporters may accept personal checks. Please check with the court reporter to see if this option is available. Once your request is received, you will receive a copy of this form with the bottom portion completed. Please promptly submit your payment in order for the transcript to be provided. If you need to cancel the transcript request for any reason, you are responsible for paying for the pages of the transcript that have already been completed at the time of the cancellation.

Requestor's Information			
Full Name <u>L. Sidney Connor, IV</u>	Phone Number <u>843-238-5648</u>	Email Address <u>843-238-5050</u>	
Mailing Address <u>Post Office Drawer 14547</u>	City <u>Surfside Beach</u>	State <u>SC</u>	Zip Code <u>29587</u>
Transcript Information			
Docket Number <u>2016-CP-26-03338</u>	Case Caption (i.e. State v. John Doe or Smith v. Smith) <u>Andrew Waldo, et al v. Michael Cousins, et al</u>		
Presiding Judge <u>Cynthia Graham Howe</u>	Circuit <input checked="" type="checkbox"/> Family <input type="checkbox"/>	County <u>Horry</u>	
Date(s) of Proceeding <u>June 21, 2017</u>	Expedited Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Copy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Requestor's Signature: 
 (Typed name will serve as signature)

Date: 8/30/18

Note: If you are ordering a transcript pursuant to Rule 207(a)(1), SCACR, you must contemporaneously furnish all parties, the Office of Court Administration, and the clerk of the appellate court with copies of all correspondence with the court reporter.

For Court Reporter Use Only			
Full Name _____	Date Received _____	Email Address _____	
Notice of Estimate to Requestor Party Date: _____ Number of Pages: _____ Estimated Amount _____			
Mailing Address for Payment _____	City _____	State _____	Zip Code _____