

EXHIBIT 4



Cyrus Kamini <cyrus.kamni907@gmail.com>

EMAIL SERVICE--NOTICE OF APPEAL--

1 message

Cyrus Kamini <cyrus.kamni907@gmail.com>

Fri, Dec 7, 2018 at 8:38 AM

To: Alex Sparra <alex.sparra@gmail.com>

Cc: "Miller, Edward W. Law Clerk (Mary Grace Carey)" <emillerlc@sccourts.org>, Rahha Larijani <rahha12@gmail.com>, Seth Whitaker <seth@whitakerltdco.com>, Frank Barnwell <frankbarnwell@yahoo.com>, "Chris C. Khamnei" <chriskhamnei@gmail.com>, emillerj@sccourts.org

Seasons Greetings Mr. Alex Sparra,

Your silence speaks volumes Sir!

I am assuming you are preserving for your next claim of lack-of service ploy!

If this is not the case I beg you apologetically Sir!

Familiarity does breed contempt we all must agree!

Here you can see I have included all relevant Parties with the **email service** of my Notice of Appeal.

I am hopeful your agents stand ready at your office to receive and sign for the actual documents.

In the event you may have difficulty you may consult our lovely court clerks office, or simply go to court plus at our clerk of the court website and enjoy the electronic filings so diligently placed for your reading pleasure.

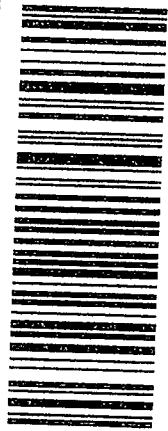
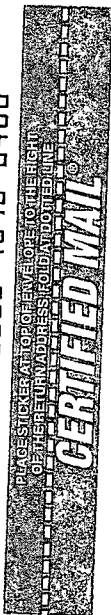
Transparently,

Cyrus Kamini

 **18.12.7-notice of appeal.pdf**
5487K

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DEC 12 2018
SC Court of Appeals

7017 2620 0000 4096 6480



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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Notice of Agent

Sent To: HEIDEN LARITANI
 Street and Apt. No., or PO Box No. 3 ATHEDRAN SQUARE
 City, State, ZIP+4® WILLIMANTON VT 05401

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
HEIDEN LARITANI
3 ATHEDRAN SQUARE,
WILLIMANTON, VT 05401

2. Article Number (Transfer from service label)
9590 9402 2229 6193 9925 30

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____


D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Notice of Agent

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: SETH W. WHITAKER LTD. CO 409 KING ST, SUITE 200 CHS, SC, 29403  9590 9402 2229 6193 9925 47	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: right; font-size: small;">NOTICE OF ADDRESS</div>
2. Article Number (Transfer from service label)	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 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"/> Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here <div style="text-align: right; font-size: small;">NOTICE OF ADDRESS</div>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To SETH W. WHITAKER, LTD. CO. Street and Apt. No., or PO Box No. 409 KING ST, SUITE 200 City, State, ZIP+4® CHS SC 29403	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	

Sent To
ALEX. JOHN SPARNA III
Street and Apt. No., or PO Box No.
Ashley Crossinb Drive PMB-215
City, State, ZIP+4®
Charleston SC, 29414

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

NOTICE OF APPEAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: ALEX JOHN SPARNA III Ashley Crossinb Drive PMB-215 Charleston SC, 29414	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 2229 6193 9925 54	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label)	

NOTICE OF APPEAL

7017 2620 0000 4096 6466



7017 2620 0000 4096 6466

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Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: FRANK L. P. BARAKAT

Street and Apt. No., or PO Box No. 21 Broad Street

City, State, ZIP+4® CH, SC 29401

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here


NOTICE OF APPEAL

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

FRANK L. P. BARAKAT
21 Broad Street
CH, SC 29401


 9590 9402 2229 6193 9925 61

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

NOTICE OF APPEAL

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery