

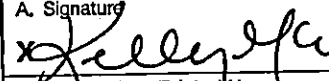



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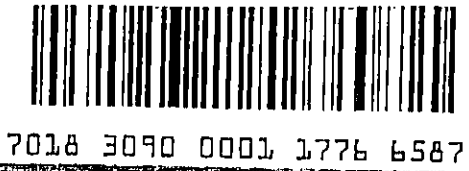
SEP 11 2019

SC Court of Appeals

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.		A. Signature 		
1. Article Addressed to: COURT ADMINISTRATOR 1015 SUMNER STREET STE 200 COLUMBIA, SC 29201 Reg for 2nd extension		B. Received by (Printed Name) Lamont Gibson	C. Date of Delivery 9/9/19	
 9590 9402 4936 9063 4070 63		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
2. Article Number (Transfer from service label) 7018 2290 0001 5715 2440		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"/> Registered Mail Restricted Delivery		<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
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt		

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.		A. Signature 	
1. Article Addressed to: JORDAN LAW FIRM ATTN: LEONARD JORDAN 211 VETERANS ROAD STE D COLUMBIA, SC 29209 Request for Extension		B. Received by (Printed Name) Kelly Jordan	C. Date of Delivery 9/9/19
 9590 9402 4936 9063 4070 70		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 3090 0001 1776 6587		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

James Royal
7 Candy Dr.
a. SC
203



POSTAGE
AMOUNT
\$7.75
112304110000

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SC Court of Appeals

TO:

Leonard Jordan
Jordan Law Firm, 211
211 Veterans Rd, Unit-D
29209

7018 3090 0001 1776 6587

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

COLUMBIA, SC 29209

OFFICIAL USE

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee \$0.00 each)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00
<input type="checkbox"/> Adult Signature Required	\$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00

Postage \$1.45

Total Postage and Fees \$7.75

Sent To
Jordan Law Firm Attn: Leonard
211 Veterans Road Ste D
Columbia, SC 29203

POST OFFICE
46
19
09/06/2019

PS Form 3800, April 2013

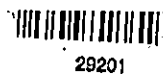
after
16⁰⁰





7018 2290 0001 5715 2440

1000



29201

\$7.75
R2304H108081-10

TO:

Court Administrator
1015 Sumter St
Suite 200, Columbia, SC
29201

7018 2290 0001 5715 2440

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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COLUMBIA SC 29201

Certified Mail Fee	\$3.50
Postage	\$1.45
Total Postage and Fees	\$7.75
Extra Services & Fees (check box, add fee)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.20
<input type="checkbox"/> Return Receipt (electronic)	\$0.20
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.20
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

OFFICIAL USE
0202
10
POST OFFICE
Here
SEP 06 2019
09/06/2019
COLUMBIA SC 29201

Sent to
Court Administrator
Street and Apt. No., or PO Box No.
1015 Sumter Street Ste 200
City, State, ZIP+4
Columbia SC 29201
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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