



*Attorneys*

LEE, EADON, ISGETT, POPWELL AND OWENS, P.A.

**RECEIVED**

NOV 18 2019

SC Court of Appeals

LUTHER M. LEE (1923-1996)  
SHEROD H. EADON, JR.  
CHRISTOPHER G. ISGETT  
GARY W. POPWELL, JR.  
BRETT A. OWENS  
ZACHARY D. LINOWSKI - ASSOCIATE

November 18, 2019

1314 LINCOLN STREET  
POST OFFICE BOX 1505  
COLUMBIA, SOUTH CAROLINA 29202  
TELEPHONE (803) 799-9811  
FAX (803) 779-8572  
TOLL FREE (800) 882-0742  
www.leiplaw.com

**VIA HAND DELIVERY**

The Honorable Jenny Abbott Kitchings  
Clerk, South Carolina Court of Appeals  
1220 Senate Street  
Columbia, South Carolina 29201

**Re: Ella Lim and Kwong Cheung -vs- AmGuard Insurance Company, Consultative Insurance Group, Inc., Cheryle Waller and Rob Rea  
Appellate Case No.: 2019-001805**

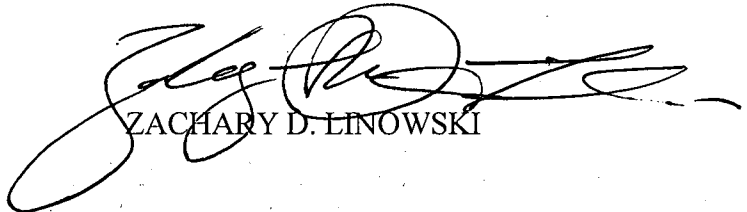
Dear Ms. Kitchings:

Enclosed please find for filing in the above-captioned matter the original and four (4) copies of the Transcript Request Form.

By copy of this letter, I am providing a copy of the Transcript Request Form to Court Administration and opposing counsel.

Thank you very much for your attention in this matter.

Respectfully yours,



ZACHARY D. LINOWSKI

ZDL/gsr  
Enclosures

cc: S.C. Court Administration (v/hand delivery – 1220 Senate Street – Suite 200)  
Jeffrey M. Bogdan, Esquire  
Elizabeth M. McMillan, Attorney at Law  
Helen F. Hiser, Attorney at Law

RECEIVED

NOV 18 2019

SC Court of Appeals

Transcript Request Form

Pursuant to Rule 207 and 607 of the South Carolina Appellate Court Rules, the transcribed paper copy is 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>Zachary D. Linowski, Esquire</u>		Phone Number <u>803-799-9811</u>	Email Address <u>zachary@leiplaw.com</u>
Mailing Address <u>Post Office Box 1505</u>		City <u>Columbia</u>	State <u>SC</u>
			Zip Code <u>29202</u>
Transcript Information			
Docket Number <u>2016-CP-40-06305</u>		Case Caption (i.e. State v. John Doe or Smith v. Smith) <u>Ella Lim, et al. -vs- Amguard Insurance Company, et al.</u>	
Date(s) of Proceeding <u>February 28, 2019</u>		Circuit <input checked="" type="checkbox"/> Family <input type="checkbox"/>	County <u>Richland</u>
Presiding Judge <u>The Honorable L. Casey Manning</u>		Expedited Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Court Reporter(s) <u>Retired</u>		Opposing Counsel <u>Jeffrey M. Bogdan, Esquire</u> <u>Elizabeth M. McMillan, Attorney at Law</u>	

Requestor's Signature: s/Zachary D. Linowski  
(Typed name will serve as signature)

Date: 11/13/19

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 _____