

STATE OF SOUTH CAROLINA)
)
 COUNTY OF CHARLESTON)
)
 KATHERINE M., a minor by and through)
 her next of friend, AMY MCCABE,)
)
 Plaintiff,)
)
 vs.)
)
 DANIEL G. IRONS,)
)
 Defendants.)

IN THE COURT OF COMMON PLEAS
 NINTH JUDICIAL CIRCUIT
 CASE NUMBER: 2016-CP-10-6385

FILED
 2016 DEC 20 AM 9:18
 JULIE J. ARMSTRONG
 CLERK OF COURT
 BY _____

PROOF OF SERVICE

Attached hereto is the Return Receipt from the US Postal Service evidencing service on the Defendant, Allstate Fire and Casualty Insurance Company, under-insured carrier, dated December 5, 2016.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>SGIKCHRIST</i></p> <p>C. Date of Delivery <i>12/05/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>SC Department of Insurance Attn: Legal-Process Service 1201 Main Street Ste. 1000 Columbia, SC 29201</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 1820 0000 6843 0516</p>

URICCHIO, HOWE, KRELL, JACOBSON,
 TOPOREK, THEOS & KEITH, PA

By: _____
 GREGORY D. KEITH
 17½ Broad Street
 Charleston, SC 29401
 (843) 723-7491
 Attorney for the Plaintiff

Charleston, SC
 This 19th day of December, 2016

STATE OF SOUTH CAROLINA)
)
 COUNTY OF CHARLESTON)
)
 KATHERINE M., a minor by and through)
 her next of friend, AMY MCCABE,)
 Plaintiff,)
 vs.)
 DANIEL G. IRONS,)
 Defendants.)

IN THE COURT OF COMMON PLEAS
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PROOF OF SERVICE

STATE OF SOUTH CAROLINA)
)
 COUNTY OF CHARLESTON)
)
 AMY MCCABE,)
 Plaintiff,)
 vs.)
 DANIEL G. IRONS,)
 Defendants.)

IN THE COURT OF COMMON PLEAS
 NINTH JUDICIAL CIRCUIT
 CASE NUMBER: 2016-CP-10-6386

PROOF OF SERVICE

FILED
 2016 DEC 20 AM 9:19
 CLIVE J. ARMSTRONG
 CLERK OF COURT

Attached hereto is the Return Receipt from the US Postal Service evidencing service on the Defendant, Daniel G. Irons, dated December 12, 2016.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Daniel G. Irons 102 Woodwind Drive Spartanburg, SC 29302	B. Received by (Printed Name) Daniel Irons	C. Date of Delivery 12-12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes 7014 1820 0000 6843 0486	

PS Form 3811, July 2013

Domestic Return Receipt

URICCHIO, HOWE, KRELL, JACOBSON,
 TOPOREK, THEOS & KEITH, PA

By: *[Signature]*
 GREGORY D. KEITH
 17½ Broad Street
 Charleston, SC 29401
 (843) 723-7491
 Attorney for the Plaintiffs

Charleston, SC
 This 19th day of December, 2016