

STATE OF SOUTH DAKOTA
COUNTY OF LINCOLN

IN MAGISTRATE COURT
SECOND JUDICIAL CIRCUIT

AAA COLLECTIONS, INC.
Plaintiff

PLAINTIFF'S STATEMENT OF
SMALL CLAIM

VS.

SMC Case #: _____

MICHAEL E POPPENS,
JANAE POPPENS

Defendant(s).

Describe the basis for your claim: (use addition sheet if necessary)

OPHTHALMOLOGY EYE SURG \$1417.81 + creditor's fee of \$0.00 + interest of \$81.51

Total Principal + Total Creditor's Fee	<u>\$1,417.81</u> (exclude interest and filing fees)
Total Interest	<u>\$81.51</u>
Sub-Total	<u>\$1499.32</u>
Filing Fees	<u>\$42.80</u> <u>Small Claims Fee Calculator-</u> <u>http://ujs.sd.gov/Self_Help_Center/smallclaims_calc</u>
Total Demand	<u>\$1,542.12</u>

Sheriff Service only – no certified mail

Sheriff/Personal Service requested if certified mail returned undelivered

- Additional fees charged for service options listed above. It is the Plaintiff's responsibility to contact the Sheriff's Office or process service for fee amounts and to file the Return of Service.

Derrick Burkhardt

Plaintiff's Signature

August 2, 2019

Date

OPHTHALMOLOGY LTD
6601 S MINNESOTA AVE, STE 200
SIOUX FALLS, SD 57108
605-731-2625

POPPENS, MICHAEL
545 W 5TH STREET
TEA SD 57064

3558251

STATEMENT OF ACCOUNT

DATE OF SERVICE 02-15-18	BALANCE DUE	\$	2035.00
	PAYMENTS RECEIVED	\$	0.00
DATE OF LAST PAYMENT	BALANCE DUE	\$	2035.00

Credit Collections Bureau

605-362-3744
Professional Debt Collectors
PO Box 90508
Sioux Falls SD 57109

ASMT SD

PLEASE USE BLACK SHARPIE WHEN SIGNING

October 25, 2018

CAROL ANDERA 25065
OPHTHALMOLOGY LTD
6601 S MINNESOTA AVE, STE 200
SIOUX FALLS SD 57108

DEAR CLIENT:

WE RECOMMEND LEGAL ACTION TO ASSIST IN THE COLLECTION OF THIS ACCOUNT.

PLEASE SIGN THIS ASSIGNMENT

**PLEASE EMAIL TO ccbclientmail@ccbnet.com or mail when needed **

SINCERELY,

CLIENT SERVICES DEPARTMENT DATE OF SERVICE:02-15-18
14 14 LAO

PLEASE CONFIRM AMOUNT OWING \$ 2035.00

IF YOU ARE SHOWING A DIFFERENT AMOUNT BEING OWED, PLEASE WRITE THAT AMOUNT IN HERE \$ _____ AND INITIAL HERE _____

ASSIGNMENT TO Credit Collections Bureau

NAME POPPENS, MICHAEL

POPPENS, JANA E

STMT DATE:

ACCOUNT NO. 3558251

FOR VALUABLE CONSIDERATION, THE UNDERSIGNED DOES HEREBY ASSIGN, AND TRANSFER UNTO THE ABOVE LISTED AGENCY THE ABOVE LISTED ACCOUNT, AND DOES HEREBY STATE THAT SAID ACCOUNT IS JUST AND OWING, TRUE AND CORRECT, AND DOES AUTHORIZE THE AGENCY TO BRING SUIT OR ACTION THERE IN IT'S OWN NAME AND DO ANY AND ALL THINGS NECESSARY TO ENFORCE COLLECTION OF THE AMOUNT OF SAID ACCOUNT AS AGENT FOR ASSIGNOR.

DATED 08-06-18

DATE OF LAST CHARGE 02-15-18

NAME OF FIRM OPTHALMOLOGY LTD

BY: *Carol Andera*

TITLE *Acct Rec*

EMAIL

CL NO. 25065