STATE OF SOUTH DAKOTA COUNTY OF LINCOLN

IN MAGISTRATE COURT SECOND JUDICIAL CIRCUIT

AAA COLLECTIONS, I	N	Ĵ,
--------------------	---	----

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	\$1,417.81 (exclude interest and filing fees)
Total Interest	<u>\$81.51</u>
Sub-Total	<u>\$1499.32</u>
Filing Fees	\$42.80 Small Claims Fee Calculator-
	http://ujs.sd.gov/Self_Help_Center/smallclaims_calc
Total Demand	<u>\$1,542.12</u>
Chariff Carries and a soutified as all	

_ Sheriff Service only – no certified mail

X 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.

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

COUNTY OF LINCOLN

SECOND

JUDICIAL CIRCUIT

CREDIT COLLECTIONS BUREAU

VS.

PLAINTIFF'S STATEMENT OF SMALL CLAIMS

MICHAEL POPPENS JANAE POPPENS

SMALL CLAIMS CASE NO.: _____

ribe the basis for your claim: (use addi	tional sheet if necess	ary)	Past due ac	
CLIENT	PRINCIPAL	INTEREST	TOTAL	
OPHTHALMOLOGY LTD	\$2,035.00	\$290.19	\$2,325.19	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
-	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	

PLAINTIFF'S TOTAL	\$2,367.59
FILING FEES	\$42.40
SUB-TOTAL	\$2,325.19
INTEREST	\$290.19
PRINCIPAL	\$2,035.00

(Exclude interest and filing fees)

\$0.00

Additional fees charged for service options listed below. It is the Plaintiff's responsibility to contact the sheriff or process

\$0.00

Sheriff Service only--no certified mail. Sheriff/Personal Service requested if certified mail returned unserved.

SHERIFF'S SERVICE REQUESTED

Cassandra Moore Plaintiff's Printed Name "/s/ Cassandra Moore" Signature of Plaintiff

November 28, 2018 Date

\$0.00

COPY OF THE JUDGMENT IS REQUESTED

CCB Acct No.: 3358251

IN SMALL CLAIMS COURT

SECOND JUDICIAL CIRCUIT

CREDIT COLLECTIONS B	BUREAU, .ntiff,	File No.:
vs.		
MICHAEL POPPENS JANAE POPPENS	aka	AFFIDAVIT
dba	aka	
Defenda	nt(s).	
STATE OF SUMMERS	(CA))ss)	
and states: I am one of the make this affidavit I have determin are JOINTLY AND SEVE	collectors fo in good faith. ed, after due RALLY liable f	g duly sworn upon oath, deposes r Credit Collections Bureau, and I and diligent research, that the Defendant(s) or all accounts listed in the Small Claims appended for one or more of the following
The Defen were prov	dants were hus	band and wife at the time the services
The Defen patient a	dants were the t the time of	parents or the legal guardians of the service when the patient was a minor;
The Defen- personall	dants both exemy responsible.	cuted a contract on which each of them is
Defendant accounts	above-named is listed in the	r due and diligent research, that the s sued separately and is responsible for all Small Claims action to which this Affidavit not some other person may be liable.
Dated November	12, 2018.	Signature
Subscribed and sworn Notary Public My commission expires	My Commission	Expires OZ1

Credit Collections Bureau

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

ASMT SD

PLEASE USE BLACK SHARPIE WEEK SIGNING

October 25, 2018

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

25065

DEAR CLIENT:

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

PLEASE SIGN THIS ASSIGNMENT

**PLRASE EMAIL TO ccbclientmail@ccbinet.com or mail when needed **
SINCERELY,
CLIENT SERVICES DEPARTMENT DATE OF SERVICE: 02-15-18 14 14 LAO
PLEASE CONFIRM AMOUNT OWING \$ 2035.00
IP YOU ARE SHOWING A DIFFERENT AMOUNT BRING OWED, PLEASE WRITE THAT AMOUNT IN HERE \$AND INITIAL HERE
ASSIGNMENT TO Credit Collections Bureau

NAME POPPENS, NICHAEL

POPPERUS, JANAE

STMT DATE:

ACCOUNT NO.

3558251

FOR VALUABLE COMSIDERATION, THE UNDERSIGNED DOES HERRBY ASSIGN, AND TRANSFER UNTO THE ABOVE LISTED AGENCY THE ABOVE LISTED ACCOUNT, AND DOES HERBBY 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 OPHTHALMOLOGY LTD

BY: Carol Andera

TITLE Mets Ric

EMAIL

CL NO.

25065

Filed: 12/21/2018 10:49 AM CST Lincoln County, South Dakota 41SMC18-001056