| State of Alabama

Unified Judicial System

Form C-21 Rev. 7/2017 | **PROCESS OF GARNISHMENT** | 11-SM-2016-900534.00 |

IN THE DISTRICT COURT CALHOUN COUNTY, ALABAMA

NAME AND ADDRESS OF PLAINTIFF (Persons Asserting Claim): STRINGFELLOW MEMORIAL HOSPITAL (C001) 301 E 18th St ANNISTON, AL 36207	NAME AND ADDRESS OF DEFENDANT (Person Whose Property is Subject to Garnishment): TINA M BOLIN XXX-XX-1362 929 WEST 52ND ST ANNISTON, AL 36206
NAME AND ADDRESS OF ATTORNEY OR REPRESENTATIVE FOR PLAINTIFF: JAMES JOSEPH EUFINGER PO BOX 10110 COLUMBIA, MO 65205 (888) 233-3141	**DATE OF JUDGMENT:** 05/24/2016 JUDGMENT AMOUNT: $ 416.75 INTEREST: $ 242.17 COSTS: $ 153.43
NAME AND ADDRESS OF GARNISHEE: DOLGENCORP, LLC C/O R.A CORPORATION SERVICE COMPANY INC 641 SOUTH LAWRENCE STREET Montgomery, AL 36104	LESS CREDIT: $ 0.00 OTHER: $ 0.00 TOTAL: $ 812.35

AFFIDAVIT

A. I make oath that I have obtained the above judgment and believe the named garnishee is or will be indebted to the named defendant or has or will have effects of the defendant under the garnishee's control. I believe that a Process of Garnishment against the garnishee is necessary to obtain satisfaction of the judgment.

B. The garnishment is for wages, salary, or other compensation, and I further make oath that the amount to be withheld must be 25% of disposable earnings for the week or the amount by which is disposable earnings for the week exceed 30 times the federal minimum wage in effect at the time earnings are payable, WHICHEVER IS LESS.

C. I hereby request disbursement of amounts periodically paid into Court pursuant to this garnishment.

KYLE J ROTHERMICH
Notary Public, Notary Seal
State of Missouri
Boone County
Commission # 13549607
My Commission Expires 11-19-2025

APR 0 1 2024

Sworn to and subscribed before me this _____ day of _____, 20____

_____
Notary Public/Clerk (Signature)

_____
Affiant/Attorney (Signature)

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