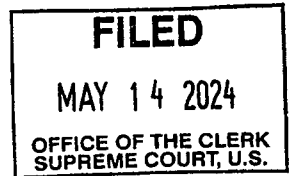


No.

23-7534

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES



Charles C. Feickprose PETITIONER  
(Your Name)

VS.  
The Brutsche Family  
Revocable Trust et al — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☐ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):  
\_\_\_\_\_  
\_\_\_\_\_

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

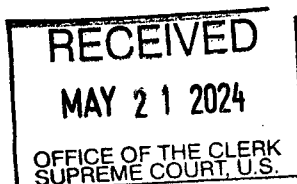
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Charles C. Feickprose  
(Signature)



**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Charles C. Feick, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Gifts	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Alimony	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Child Support	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,263.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
Public-assistance <u>FOOD</u> (such as welfare) <u>STAMPS</u>	\$ <u>222.00</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>N/A</u>	\$ <del>0</del>	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b> \$ <u>1,485.00</u> \$ _____ \$ _____ \$ _____				

NOTE: See attached Declaration of Charles Feick in Support of Motion for Leave to Proceed in Forma Pauperis

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A			\$
			\$
			\$

4. How much cash do you and your spouse have? \$  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Direct Deposit Checking account	\$ -590	\$
	\$ overdraft	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home  
Value 0

☐ Other real estate  
Value 0

☐ Motor Vehicle #1  
Year, make & model  
Value 0

☐ Motor Vehicle #2  
Year, make & model  
Value 0

☐ Other assets  
Description  
Value 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>Ø</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
<u>Rent</u> or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <u>1,000.00</u>	\$ _____
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>195.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>1 RENT</u>	\$ _____
Food	\$ <u>300.00</u>	\$ _____
Clothing	\$ <u>Household exp.</u>	\$ _____
Laundry and dry-cleaning	\$ <u>Household exp.</u>	\$ _____
Medical and dental expenses	\$ <u>Insurance</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <del>0</del>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <del>0</del>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <del>0</del>	\$ _____
Life	\$ <del>0</del>	\$ _____
Health	\$ <del>0</del>	\$ _____
Motor Vehicle	\$ <del>0</del>	\$ _____
Other: <u>N/A</u>	\$ <del>0</del>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <del>0</del>	\$ _____
Installment payments		
Motor Vehicle	\$ <del>0</del>	\$ _____
Credit card(s)	\$ <del>0</del>	\$ _____
Department store(s)	\$ <del>0</del>	\$ _____
Other: <u>N/A</u>	\$ <del>0</del>	\$ _____
Alimony, maintenance, and support paid to others	\$ <del>0</del>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <del>0</del>	\$ _____
Other (specify): <u>N/A</u>	\$ <del>0</del>	\$ _____
<b>Total monthly expenses:</b>	\$ <u>1,495.00</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? 0

If yes, state the attorney's name, address, and telephone number:

N/A I am pro se/pro per

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? 0

If yes, state the person's name, address, and telephone number:

N/A I am pro se/pro per

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am currently poor living in wa state below the federal Poverty Guidelines. The basis of my poverty was due to the actions of the defendants in the original complaint filed on 12/5/18.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: May 13, , 2024

NOTE Enclosed Please find the Declaration of Charles C. Feick in support of motion for leave to Proceed in forma Pauperis

Charles C. Feick pro se  
(Signature)

1  
2 IN THE UNITED STATES SUPREME COURT  
3  
4

5 Charles C. Feick,

Case No. PENDING

6  
7 Plaintiff,

8 v.

9 The Brutsche Family Revocable Trust,  
et al

DECLARATION OF CHARLES C.  
FEICK IN SUPPORT OF MOTION FOR  
LEAVE TO PROCEED IN FORMA  
PAUPERIS

10 Defendants,  
11

12 **1. Declaration**

13 I, Charles Feick, hereby declare as follows:  
14

15 1. I am the Plaintiff, in this action, I am a resident of Washington State. I  
16 am over the age of 18. I am competent to testify, and I have personal knowledge  
17 of the facts stated herein.

18 2. Charles Feick, submits a Declaration of Feick's Financial Statement and  
19 exhibits to the United States Supreme Court in support of Feick's Motion for  
20 Leave to Proceed in Forma Pauperis.

21 3. I am presenting my 2024 Social Security Benefits statement showing  
22 that I receive \$1,263- per month. I have been on Social Security Disability since  
23 1994, and have been redesignated as retired in June 2023. (Exhibit 1)  
24

25 4. I am presenting my Timberland Bank Monthly Statement for March

1 2024 showing the Direct Deposit of my Social Security Benefits of \$1,263.00. I  
2 do not have a savings account. (Exhibit 2)

3 5. I am presenting my current May 2024 Rent Receipts showing \$1,000.00 per  
4 month for rent at 1001 Lincoln St. Apt. B-302 Hoquiam, WA 98550. (Exhibit 3)

5 6. I am presenting my current April 2024 T-Mobile/Sprint monthly billing  
6 statement showing a \$102.94 per month cell phone service fee. (Exhibit 4)

7 7. I am presenting my current April to May 2024 Xfinity/Comcast monthly  
8 billing statement showing \$154.54 due per the internet service fee. (Exhibit 5)

9 8. I am presenting my food stamp card with \$223.00 in monthly benefits from  
10 the WA DSHS Quest Program. (Exhibit 6)

11 9. My monthly income for May 2024 is \$1,263.00. My Food Stamp Benefits  
12 were \$223.00. My monthly expenses for May 2024 were \$1,187.00. This leaves me  
13 with \$76.00 for monthly housing, hygiene, and miscellaneous food purchases.

14 10. I do not own an automobile.

15 11. I do not own real Property.

16 12. I do not own annuities or stocks or bonds.

17 13. I'm an indigent litigant. My annual income is below the Federal Poverty  
18 Guideline. I'm unable to pay any fees and costs. The monthly disability income I  
19 receive allows me to pay for "basic living costs that I have cited in my financial  
20 declaration.

21 14. "Indigent" as defined per RCW 10.101.10 (3)(a) states as follows:

22 (3) "Indigent" Means a person who, at any stage of a court proceeding is:

23 (a) Receiving one of the following types of public assistance:



1  
2 Temporary assistance, for needy families, aged, blind, or disabled assistance  
3 benefits, medical care services under RCW 74.09.035, pregnant women  
4 assistance benefits, poverty related veterans' benefits, food stamps or food  
5 stamps benefits that are transferred electronically, refugee resettlement  
6 benefits, Medicaid, or supplemental security income.  
7

8 15. The Exhibits 1 through Exhibit 6, in this declaration belong to Charles  
9 Feick. These exhibits are Feick's personal financial, service contract agreement,  
10 and Food Stamp Benefit documents.

11 16. The documents presented in this declaration are protected by the  
12 Privacy Act of 1974, and the Laws of the State of Washington, and cannot be  
13 used for any other purpose, or by any other parties, unless written notification  
14 is presented by non-parties, and written permission is granted by Charles Feick.  
15

16 I Declare Under Penalty of Perjury Under the Laws of the United States  
17 That the Foregoing is True and Correct.

18  
19 Executed, on the 13<sup>th</sup> day of May 2024.

20  
21 By: Charles Feick pro se  
22 Charles Feick, Pro Se  
23 [justitia.et.lex5@gmail.com](mailto:justitia.et.lex5@gmail.com)  
24 1001 Lincoln Street Apt. B-302  
25 Hoquiam, Washington 98550  
1-(360)-774-9269

## Your New Benefit Amount

BENEFICIARY'S NAME: CHARLES C FEICK

Your Social Security benefit will increase by 3.2% in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,313.00
<b>Deductions:</b>	
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$49.80
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive	\$1,263.20
The payment you are due for December 2023 on or about January 3, 2024.	

The information above shows your monthly benefit amount before and after deductions. Please remember we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at [www.godirect.gov](http://www.godirect.gov) to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to [www.ssa.gov/non-medicalappeal](http://www.ssa.gov/non-medicalappeal) to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at [www.ssa.gov/forms](http://www.ssa.gov/forms) to locate the form. If you need help with the form, please call us.

### Need more help?

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 855-634-4197.

SOCIAL SECURITY  
820 SIMPSON AVE  
HOQUIAM, WA 98550



624 Simpson Ave. • Hoquiam, WA 98550  
1-800-562-8761  
www.timberlandbank.com



Date 3/29/24

Page 1

3550499

CHARLES C FEICK  
1001 LINCOLN STREET  
APT B302  
HOQUIAM WA 98550

### Checking Account

50+ INTEREST CHECKING

Account Number

XXXXXXXXXX

Number of Enclosures

0

Previous Balance

599.80-

Statement Dates 3/01/24 thru 3/31/24

1 Deposits/Credits

1,263.20

Days in the statement period 31

3 Checks/Debits

1,263.00

Service Charge

.00

Interest Paid

.00

Current Balance

599.60-

	Total For This Period	Total Year-to-Date
Total overdraft item fees	\$30.00	\$90.00
Total return item fees	\$ .00	\$ .00

### Credits

Date	Description	Amount
3/01	XXSOC SEC SSA TREAS 310 PPD	1,263.20

### Debits

Date	Description	Amount
3/01	Withdrawal	643.00-
3/04	Withdrawal	590.00-
3/04	Overdraft Fee	30.00-

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

**Western Union** **WESTERN UNION FINANCIAL SERVICES INC - ISSUER - Denver, Colorado** **MONEY ORDER**

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

**\*\*\*PAY EXACTLY \$500.00** 19-576026408

A 736463 D 050324  
T 1023 9  
195760264087 L 022762

**\$ 500.00**

NOT GOOD OVER \$500

PAY EXACTLY FIVE HUNDRED DOLLARS AND NO CENTS

PAY TO THE ORDER OF Lincoln Commons LLC APT. B-302  
1001 Lincoln St. APT. B-302 MAY 2024  
Hogwinn Washing for 98550 Charles Fene  
MOBILE DEPOSIT PROHIBITED

⑆102100400⑆ 40195760264087⑈

LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

Charles Fene may 2024  
APT. B-302

AGT 736463 LOC 022762 DT 050324 \$500.00 FIVE HUNDRED DOLLARS AND NO CENTS

Payable to: Lincoln Commons LLC  
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.  
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Denver, Colorado. For customer service, call 1-800-999-9550.

\* 19576026408 \*



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MONEY ORDER RECEIPT - NON NEGOTIABLE

Charles Fene may 2024  
APT. B-302

AGT 736463 LOC 022762 DT 050324 \$500.00 FIVE HUNDRED DOLLARS AND NO CENTS

Payable to: Lincoln Commons LLC  
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.  
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\* 19576026408 \*



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WesternUnion WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - D. Myers, Colorado  
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

**MONEY ORDER**

**\*\*\*PAY EXACTLY \$500.00** 19-553049195

A 736456 D 050424  
T 1323 11  
195530491954 1. 022478

**\$ 500.00**

NOT GOOD OVER \$500

PAY EXACTLY FIVE HUNDRED DOLLARS AND NO CENTS  
PAY TO THE ORDER OF Lincoln Council LLC B-302  
1001 Lincoln St. APT. B-302 Charlotte NC 28204  
Hogeworm Washington 98550

102100400: 40195530491954

**MONEY ORDER RECEIPT - NON NEGOTIABLE**

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Charles Teck May 2024  
APT. B-302

ACT 736456 LOC 022478 DT 050424 \$500.00 5HUNDREDDOLLARS AND NO CENTS

Payable to: Lincoln Council LLC

RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.

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\* 19553049195 \*

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**MONEY ORDER RECEIPT - NON NEGOTIABLE**

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Charles Teck May 2024  
APT. B-302

ACT 736456 LOC 022478 DT 050424 \$500.00 5HUNDREDDOLLARS AND NO CENTS

Payable to: Lincoln Council LLC

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\* 19553049195 \*

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## Receipt

**Store**  
 T-Mobile - 2DST  
 1143 E WISHKAH ST STE B  
 ABERDEEN, WA, 98520-4243  
 (360) 500-7043  
 Sales Rep #: \*\*\*\*502

**Customer**  
 CHARLES FEICK  
 (360) 774-9269

**Date:** 04-17-2024 11:37:56  
**Account #:** [REDACTED]  
**Register #:** 8  
**Trans #:** 262

## Transaction Details

SKU	Description	Qty @ Price	Extension
AIRTIME	TMO INSTORE PAYMENT Mobile Number : No Mobile Number Not Discount Eligible	1 @ 97.94	\$97.94N
INSTOREPMTCHRG	IN-STORE PAYMENT SUPPORT CHARGE Mobile Number : No Mobile Number Not Discount Eligible	1 @ 5.00	\$5.00N

Sale Amount	\$102.94
Total Tax	\$0.00
Total	\$102.94
Payment Cash	\$-103.00
Change Due	\$0.06

Visit my.t-mobile.com to view details on your account

If you activate or use T-Mobile service, or purchase a T-Mobile device, you agree to T-Mobile's Terms and Conditions and any terms specific to your rate plan.

If you have a device or accessory under one of our device programs, refer to your agreement for the specific terms and conditions of that program.

**Disputes.** T-Mobile REQUIRES ARBITRATION OF DISPUTES unless for new customers YOU OPT OUT WITHIN 30 DAYS OF ACTIVATION, or for existing customers YOU PREVIOUSLY OPTED OUT PURSUANT TO T-MOBILE'S TERMS AND CONDITIONS. For details see T-Mobile's Terms and Conditions at [www.T-Mobile.com/terms-conditions](http://www.T-Mobile.com/terms-conditions).

**Return Policy.** T-Mobile will gladly assist you with your Returns. For in-store purchases, you can return or exchange a Device or accessory ("Device") for a refund within 14 days of the purchase or lease date of the original Device. For all other purchases, you can return or exchange a Device for a refund within 20 calendar days of the date your Device was shipped. Return the Device with your receipt, in its package, with all contents, undamaged and in good working condition, with no material alterations to the Device's hardware or software. Refunds and exchanges will be less any rebates received and shipping costs (if applicable). Certain promotional offers may require you to return all items you received with your Device and could cause you to become ineligible for any promotional discounts. You may also be required to pay a restocking fee based on the Full Retail Price ("FRP") of the Device as follows: \$70 for devices with a FRP of \$600 or more; \$40 for devices with a FRP between \$300-\$599; and \$20 for devices with a FRP of less than \$300.

Prepaid services, e-coupons and gift cards are non-refundable.

14

