

EXHIBIT

M

Dear Mr Zimmerman,

Once again I would like to write and request all "Case Discovery", notes, records, and documents pertaining to my case. Since you are no longer my counsel I am entitled to my own files. Please send "everything" to the following address. Thank you for your help.

Sincerely, T

David Johnson

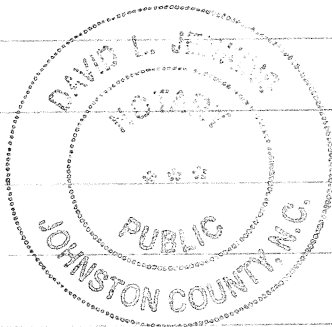
9-27-04

Theodore Kimble

Theodore Kimble #0599011

1300 Western Blvd.

Raleigh, NC 27606



My Commission Expires 12-10-2008.

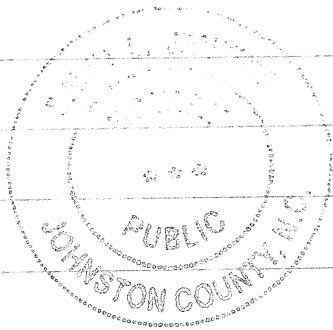
Dear Mr Crumpler,

Once again I would like to write and request all "Case Discovery", notes, records, and documents pertaining to my case. Since you are no longer my counsel I am entitled to my own files. Please send "everything" to the following address. Thank you for your help.

Sincerely,

David J. J. J.
9-27-04

Theodore Kimble
Theodore Kimble #0599011
1300 Western Blvd.
Raleigh N.C. 27606



My Commission Expires 12-10-2008.

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Fred G. Cramer Jr.</i> <i>301 North Main St.</i> <i>Winston Salem, NC</i> <i>27150</i>	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>DEC 15 2003</i> <i>WINSTON SALEM NC</i>	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 2510 0005 3525 2404		PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Butch Zimmerman</i> <i>114 W. 2nd Avenue</i> <i>Lexington, NC</i> <i>27292</i>	B. Received by (Printed Name) _____ C. Date of Delivery _____ <i>Amanda Zimmerman 12/12</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 2510 0005 3525 2398		PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081