IN THE 44TH JUDICIAL CIRCUIT, WRIGHT COUNTY, MISSOURI

Judge or Division: LYNETTE B VEENSTRA	**Case Number: 13WR-AC00205** /s/ Jo Cornelius	**FILED** 08/16/2023 Lori Jones CLERK, CIRCUIT COURT WRIGHT COUNTY
Plaintiff/Petitioner: MIDLAND FUNDING LLC a Limited Liability Co asig Aspire Visa vs.	Date, Time and Location of Hearing: **21-SEP-2023** **09:00 AM** DIVISION 2 PO BOX 39 HARTVILLE, MO 65667	
Defendant/Respondent: DANEIL L KREIDER		(Date File Stamp)

Show Cause Order- Revival of Judgment

The State of Missouri to: DANEIL L KREIDER
Alias:

440 S NEW AVE APT EW302 (Ç)
SPRINGFIELD, MO 65806

COURT SEAL OF

WRIGHT COUNTY

The court orders that you appear on the date indicated above to show cause why judgment should not be revived as set forth in the attached motion.

You may appear ☐ in person at the location and time listed above ☐ by Interactive Video Technology at the time listed above. Information regarding the video appearance is attached to the show cause order if the video appearance has been scheduled.

If you have a disability requiring special assistance for your court appearance, please contact the court at least 48 hours in advance of the scheduled hearing.

August 16, 2023
Date

Lynette Veenstra
Judge

Sheriff's or Server's Return

I certify that I have served the above Order by: (check one)

☐ delivering a copy of the order and motion to the defendant/respondent.

☐ leaving a copy of the order and motion at the dwelling house or usual place of abode of the defendant/respondent with _____, a person at least 18 years of age residing therein.

☐ (for service on a corporation) delivering a copy of the order and motion to:

_____ (name) _____ (title).

☐ other: _____.

Served at _____ (address) in _____ (County/City of St. Louis), MO, on _____ (date) at _____ (time).

_____
Sheriff or Server

Must be sworn before a notary public if not served by an authorized officer:

Subscribed and sworn to before me on _____ (date).

(Seal)

My commission expires: _____ _____
Date Notary Public

Sheriff's Fees, if applicable

Service	$_____
Non Est	$_____
Sheriff's Deputy Salary Supplemental Surcharge	$ 10.00
Mileage	$_____ (_____ miles @ $._____ per mile)
Total	**$**_____