

Resolutions Authorizing an Institution to Open and Maintain Accounts and Use Services

As evidenced by my signature below, I certify that the following are correct and complete copies of the resolutions duly adopted on 11-25-2019 by the board of directors of _____
(date)

LORNA DIANE FISHER ("Institution"), a banking corporation
(official name of banking institution)

duly established and operating under the laws of State of California, United States of America, with its head office located at 1908 Rosie Lane, Brentwood California 94513, in accordance with applicable law and the Institution's chartering documents. I also certify that such resolutions have not been modified, remain in effect, and are not in conflict with any provisions of the Institution's certificate of incorporation, by-laws, or chartering and/or licensing statutes or requirements:


1. RESOLVED, that the Institution is authorized to open and/or maintain a Master Account at the Federal Reserve Bank of the District in which the Institution is located, to agree to all of the provisions of the Federal Reserve Banks' Operating Circular No.1, Account Relationships, to obtain services from and incur obligations to any Federal Reserve Bank, and to agree to all of the provisions of the Federal Reserve Banks' operating circulars covering such services.
2. RESOLVED, that the President, the Chief Financial Officer, Cashier, and _____

MASTER ACCOUNT HOLDER / AUTHORIZED SIGNATORY

(exact titles of officials, or if Institution chooses to authorize specific individuals, insert names and titles of such individuals)

of the Institution, and each of their successors in office, are each hereby authorized and directed to transmit to the Federal Reserve Banks a list of the names, titles and signatures of persons to be recognized as authorized to apply for a Master Account in the Institution's name, execute agreements relating to such account or any Federal Reserve Bank services, issue instructions on the Institution's behalf to any Federal Reserve Bank, and transact business on the Institution's behalf.

3. RESOLVED, that the officials designated in the foregoing resolutions are each hereby authorized to do any and all acts that may be necessary or incidental to any transaction authorized by the relevant resolution, or that may be designed to carry out the purpose of such resolution; and that such resolution and all the powers hereby granted shall continue in full force until written notice of revocation has been received by the Federal Reserve Bank of the District in which the Institution is located and such Federal Reserve Bank has had reasonable time to act on such notice.
4. RESOLVED, that all prior resolutions regarding accounts with Federal Reserve Banks and/or the use of Federal Reserve Bank services (other than resolutions authorizing the Institution to borrow from and pledge collateral to a Federal Reserve Bank and resolutions relating to daylight overdraft capacity and net debit caps) are hereby revoked.



 (Signature of certifying official)
 By: Fisher, Lorna Diane, Authorized Signatory

 (Name and Title)
 11-25-2019

 (Date)

Void Where Prohibited By Law
Encouraged Where Endorsed By Public Policy

* The certifying official must be the Secretary or Assistant Secretary of the Institution or another officer of similar or higher rank. The official also must have the authority to certify the statements in this document and may not be a person authorized in Paragraph 2.



Federal Reserve Bank Official Authorization List

Page 1 of 2

This supersedes our previous Official Authorization List? *		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<small>(If neither is selected, previous list will also remain in effect)</small>			
Financial Institution Name*		Routing (ABA) Number*	
LORNA DIANE FISHER		F80197364/0080197364 / 0610-0014-6	
Effective Date*		Street Address*	
11-25-2019		1908 ROSIE LANE	
Telephone*		Street Address	
(925) 642-6943			
City*		State*	Zip Code*
BRENTWOOD		California	94513

Authorizing Officer* (Must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

Signature*		Title*	
		MASTER ACCOUNT HOLDER/AUTHORIZED SIGNATORY	
Name*	First*	Middle Initial	Last*
	LORNA	D	FISHER
Phone*	Extension		Email Address*
(925) 642-6943			LORNAFISHER048@GMAIL.COM

Notary Public Authentication of Authorizing Officer*

State of _____	
County of _____	
Subscribed and sworn to before me on _____, 20____	
By _____	Notary Public Signature
(Authorizing Officer's Printed Name)	(Notary Seal w/expiration date)

Certifying Official* (The section must be completed if Paragraph 2 of your Institution's authorizing Resolutions identifies Authorized Officers by title only. The Certifying Official must be the Secretary or Assistant Secretary of the institution or another officer of similar or higher rank. The official must also have the authority to certify the statements in this document.)

I, <u>Lorna Diane Fisher / Master Account Holder</u>	
(Certifying Official's Printed Name and Title)	
of the above Institution, do hereby certify that	
<u>Lorna Diane Fisher</u> is a	
(Authorizing Officer's Printed Name)	
<u>Master Account Holder / Authorized Signatory</u>	
(Title of Authorizing Officer)	

Notary Public Authentication of Certifying Official

State of _____	
County of _____	
Subscribed and sworn to before me on _____, 20____	
By _____	Notary Public Signature
(Certifying Official's Printed Name)	(Notary Seal w/expiration date)

Federal Reserve Bank
Official Authorization List

Page 2 of 2

To the Federal Reserve Banks: Below are the names, titles, and signatures of the individuals authorized to transact business and issue instructions (except for Discount Window, Operating Circular 10, transactions) on behalf of the Institution identified on page one of this document.

Name:	First LORNA	Middle initial D	Last FISHER	Suffix
Phone:	(925) 642-6943			Extension:
Title:	MASTER ACCOUNT HOLDER/AUTHORIZED SIGNATORY			Email: LORNAFISHER048@GMAIL.COM
Signature:				Limitations to Authority: (leave blank if none)

Name:	First	Middle initial	Last	Suffix
Phone:				Extension:
Title:				Email:
Signature:				Limitations to Authority: (leave blank if none)

Name:	First	Middle initial	Last	Suffix
Phone:				Extension:
Title:				Email:
Signature:				Limitations to Authority: (leave blank if none)

The Authorizing Officer on Page 1 of this document is required to sign each page of the Official Authorization List.

Authorizing Officer* (Must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

Signature*				Title*
				MASTER ACCOUNT HOLDER/AUTHORIZED SIGNATORY
Name	First LORNA	Middle initial D	Last FISHER	Suffix

Void Where Prohibited By Law
Encouraged Where Endorsed By Public Policy

You may add additional signers by completing this page multiple times and submitting it with your request. Please indicate the total number of pages, including the first/notary page, appropriately at the top right hand corner of this document.

Last Updated: 08/2012

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF Contra Costa)

Subscribed and sworn to (or affirmed) before me on this 20th day of November, 2019
Date Month Year

by Lorna Fisher

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature:

Signature of Notary Public



Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Federal Reserve Bank Official Authorization List

Document Date: 11/20/19

Number of Pages: 1 of 2

Signer(s) Other Than Named Above: N/A

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF Contra Costa)

Subscribed and sworn to (or affirmed) before me on this 26th day of November, 2019
Date Month Year

by Lorna Fisher

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature:


Signature of Notary Public



Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Federal Reserve Bank Official Authorization

Document Date: 11/26/19

Number of Pages: 1 of 2

Signer(s) Other Than Named Above: N/A

OFFICE OF CLERK-RECORDER
COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

FILE NO. **58-265841**

CERTIFICATE OF LIVE BIRTH
 STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER **6015 14185**

THIS CHILD	1a. NAME OF CHILD—FIRST NAME LORNA		1b. MIDDLE NAME DIANE		1c. LAST NAME MONTGOMERY	
	2. SEX Female	3. THE MARRIAGE STATUS OF MOTHER Single	4. DATE OF BIRTH—MONTH, DAY, YEAR November 1 1958	5. HOUR 12:29 A.M.		
PLACE OF BIRTH 6	6a. PLACE OF BIRTH—NAME OF HOSPITAL Kaiser Foundation Hospital		6b. STREET ADDRESS—LAST NAME IN BLOCK, ADDRESS OR ADDRESS NEARBY OR CITY AND NUMBER 280 West MacArthur Blvd. X 1000			
	6c. CITY OR TOWN Oakland		6d. COUNTY Alameda			
MOTHER OF CHILD	7a. MARRIAGE NAME OF MOTHER—FIRST NAME Vertie		7b. MIDDLE NAME Lee		7c. LAST NAME Hall	
	8. AGE OF MOTHER AT TIME OF THIS BIRTH 27		9. BIRTHPLACE (CITY OR FOREIGN COUNTRY) Louisiana		10. RACE OR COLOR OF MOTHER—ALLEGED, NOT ACTUALLY REGISTERED Negro	
USUAL RESIDENCE OF MOTHER (HOUSE AND ADDRESS)	11. USUAL RESIDENCE OF MOTHER—STREET ADDRESS 10500 Pippin		12. IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE CITY		13. IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE CITY	
	14. CITY OR TOWN Oakland		15. COUNTY Alameda		16. STATE California	
FATHER OF CHILD	17a. NAME OF FATHER—FIRST NAME Oscar		17b. MIDDLE NAME -		17c. LAST NAME Montgomery	
	18. AGE OF FATHER AT TIME OF THIS BIRTH 37		19. BIRTHPLACE (CITY OR FOREIGN COUNTRY) Louisiana		20. RACE OR COLOR OF FATHER Negro	
INFORMANT'S CERTIFICATION	21. I HAVE RECEIVED THE ABOVE STATED INFORMATION AND I CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		22. SIGNATURE OF OTHER INFORMANT—SIGNATURE <i>Vertie L. Montgomery</i>		23. DATE SIGNED BY INFORMANT November 3 1958	
	24. I HEREBY CERTIFY THAT I FURNISHED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		25. SIGNATURE OF REGISTRAR <i>James A. Bandy</i>		26. ADDRESS Oakland, California	
REGISTRAR'S CERTIFICATION	27. DATE ON WHICH THIS BIRTH WAS REGISTERED NOV 5 1958		28. DATE RECEIVED BY LOCAL REGISTRAR NOV 5 1958			

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED

AUG 21 2013



000071200

Melissa Wilk
 Melissa Wilk
 COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved form displaying the Seal, Staff and Signature of the Clerk-Recorder.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

OFFICE OF RECORDER
COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

3615

STATE FILE NUMBER

MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

LOCAL REGISTRATION NUMBER

GROOM
PERSONAL
DATA

1A. NAME OF GROOM—FIRST GIVEN, 11B. MIDDLE GREGORY LEE	1C. LAST FAMILY FISHER	2. DATE OF BIRTH—MONTH, DAY, YEAR 07/12/1951
3A. RESIDENCE—STREET AND NUMBER 1014 21ST ST	3B. CITY OAKLAND	3C. ZIP CODE; 3D. COUNTY—CALIFORNIA, ENTER STATE 94607 ALAMEDA
4. STATE OF BIRTH CALIFORNIA	5. MAILING ADDRESS—IF DIFFERENT N/A	6. NUMBER OF PREVIOUS MARRIAGES 0
7A. LAST MARRIAGE ENDED BY <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	7B. DATE—MONTH, DAY, YEAR	8. EDUCATION—YEARS COMPLETED 13
9A. USUAL OCCUPATION BUSINESS MAN	9B. USUAL KIND OF BUSINESS OR INDUSTRY CLOTHING	10A. FULL NAME OF FATHER CHARLES FISHER
10B. STATE OF BIRTH LOUISIANA	11A. FULL MAIDEN NAME OF MOTHER EULA MAE JAMES	11B. STATE OF BIRTH LOUISIANA

BRIDE
PERSONAL
DATA

12A. NAME OF BRIDE—FIRST GIVEN, 12B. MIDDLE LORNA DIANE	12C. CURRENT LAST FAMILY LAWYERS	12D. MAIDEN LAST FAMILY OR DIFFERENT THAN 12C MONTGOMERY
13. DATE OF BIRTH—MONTH, DAY, YEAR 11/01/1958	14. RESIDENCE—STREET AND NUMBER 1770 BROADWAY #301	14B. CITY OAKLAND
14C. ZIP CODE; 14D. COUNTY—CALIFORNIA, ENTER STATE 94612 ALAMEDA	15. STATE OF BIRTH CALIFORNIA	16. MAILING ADDRESS—IF DIFFERENT N/A
17. NUMBER OF PREVIOUS MARRIAGES 1	17A. LAST MARRIAGE ENDED BY <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	17B. DATE—MONTH, DAY, YEAR 11/05/1992
18A. USUAL OCCUPATION MGR.	18B. USUAL KIND OF BUSINESS OR INDUSTRY COMPUTERS	19. EDUCATION—YEARS COMPLETED 16
20A. FULL NAME OF FATHER OSCAR MONTGOMERY	20B. STATE OF BIRTH LOUISIANA	20C. FULL MAIDEN NAME OF MOTHER VERTIE LEE HALL
20D. STATE OF BIRTH LOUISIANA		

AFFIDAVIT

WE, THE UNDERSIGNED AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS TRUE AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE FOR THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND WE HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF GROOM
Gregory Lee Fisher

24. SIGNATURE OF BRIDE
Lorna Diane Lawyers

LICENSE
TO MARRY

25A. ISSUE DATE—MONTH, DAY, YEAR
08/13/1994

25B. LICENSE EXPIRES AFTER—MONTH, DAY, YEAR
12/12/1994

25C. LICENSE NUMBER
856653

25D. COUNTY OF ISSUE
ALAMEDA

25E. NAME OF COUNTY CLERK
PATRICK O. CONNELL

25F. SIGNATURE OF DEPUTY CLERK, IF APPLICABLE
Patrick O. Connell

WITNESSES
(ONE REQUIRED)

26A. SIGNATURE OF WITNESS
Donna J. Costa

26B. ADDRESS—STREET AND NUMBER
10500 Linden St

26C. CITY, STATE AND ZIP CODE
OAKLAND CA 94603

27A. SIGNATURE OF WITNESS
Al W. W.

27B. ADDRESS—STREET AND NUMBER
36 Linden St #4

27C. CITY, STATE AND ZIP CODE
Oakland CA 94610

CERTIFICATION
OF PERSON
SOLEMNIZING
MARRIAGE

28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE
Patrick O. Connell

29B. RELIGIOUS DESIGNATION OR CLERGY
Minister

29C. NAME OF PERSON SOLEMNIZING MARRIAGE
REV. DAVID A. SUGARMAN

29D. OFFICIAL TITLE
Minister

29E. MAILING ADDRESS
541 THE ALAMOSA, OAKLAND, CALIF 94612

29F. ZIP CODE
94612

LOCAL REGISTAR
OF MARRIAGES
(COUNTY RECORDS)

30A. SIGNATURE OF LOCAL REGISTAR
Patrick O. Connell

30B. SIGNATURE OF DEPUTY IF APPLICABLE
Patrick O. Connell

30C. DATE ACCEPTED FOR REGISTRATION
SEP 27 1994

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

01-9403 05/93/1993

788819

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

AUG 17 1998

DATE ISSUED

This copy is not valid unless presented with an engraved folder displaying the date, seal and signature of the Recorder.

Patrick O. Connell
 PATRICK O. CONNELL
 ALAMEDA COUNTY CLERK



11/05/2019

A handwritten signature in blue ink, appearing to read "Lorna Diane Fisher", with a stylized, cursive script.

LORNA DIANE FISHER



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