

LORNA DIANE FISHER
1908 ROSIE
BRENTWOOD, CALIFORNIA 94513
(925) 642-6943

NOVEMBER 05, 2019

American Depositary Share
Evidenced by American Depositary Receipt
for deposited ordinary share of
LORNA DIANE MONTGOMERY/FISHER

Greetings To Whom Theses Presents May Come:

This cover letter is to refer to the Registration Statement on Form F-6 (the "Registration Statement") to be filed with the Securities and Exchange Commission (the "SEC") by the legal entity issuing American Depositary Share ("ADS") as hereinafter for the purpose to registering under the U.S. Securities Act of 1933, as amended (the "Securities Act"). Please find enclosed the following documents; The Eligibility Questionnaire, Trade Payment Wizzard\$, Federal Reserve Official Authorization List, Resolution Authorizing an Institution to Open and Maintain Accounts and Use Services along with a Fingerprint Card submitted by the Authorize Signatory of the Corporation for this transaction, the Birth Certificate and Marriage liscence to reflect name of Corporation and Authorized Signatory . Amount to be registered is (1) share American Depositary Share (the "ADS") at 1,000,000.00 proposed aggregate price per unit. The proposed offering price is 1,000,000.00 to issue by FISHER LORNA Corporation as the Depositary Bank, Pledged/Endowed to ZCORE INC c/o WELLS FARGO BANK., with bank coordinates as follows; WELLS FARGO., routing# 121042882 and account# 3494886579. LORNA DIANE MONTGOMERY, is a corporation organized under the laws of CALIFORNIA (the "Company"), and the Holders and Beneficial Owners from time to time of ADS issued thereunder. This American Depositary Share ("ADS") will represent one (1) ordinary share of the Company (the "Share") with the standing value as indicated on the Registration Statement.

Based upon and subject to the foregoing, the American Depositary Share covered by the Registration Statement, when evidenced by American Depositary Receipts that are duly executed and delivered by the Depositary and issued in accordance wit.

Nothing contained herein or in any document referred to herein is intended by this company to be used, and the addressee hereof cannot use anything contained herein or in any document referred to herein, as "tax advice" (within the meaning given to such term by the U.S. Internal Revenue Service ("IRS") in IRS Circular 230 and any related interpretative advice issued by the IRS in respect of IRS Circular 230 prior to the date hereof, and hereinafter used within such meaning and interpretative advice).

The foregoing is limited to the laws of the State of New York, and is not illustrating as to the effect of the laws of any other jurisdiction(s), and that the ADS or any other associated securities of LORNA DIANE MONTGOMERY Corporation currently are not placed on any American or foreign exchange(s).

I hereby consent to the use of this letter of instruction to the above-mentioned Registration Statement. In giving such consent, we do not admit thereby that I am within the category of persons whose consent is required under Section 7 of the Securities Act of 1933, as amended.

Very truly yours,


/s/Lorna Diane Fisher

Authorized signatory, Principle

THE DEPOSITORY TRUST COMPANY (DTC) ELIGIBILITY QUESTIONNAIRE

DTC IS A SUBSIDIARY OF THE DEPOSITORY TRUST & CLEARING CORPORATION

To make a new issue of securities DTC eligible, the completed questionnaire and a copy of the offering prospectus (preliminary or final) must be submitted to DTC's Underwriting Dept. at least 10 business days prior to the issue's closing date. If complete CUSIP INFORMATION (CUSIP numbers, interest rates, and final maturities) is not included with the questionnaire, please provide to DTC in writing upon pricing of the issue.

ISSUE INFORMATION

Please check one of the following:

☐ ABS ☐ CMO ☒ Corporate

Please indicate whether or not the issue is a "security" as such term is defined in Article 8 of the New York Uniform Commercial Code.

☒ Yes ☐ No

Please indicate whether or not the issuer is a United Kingdom entity.

☒ Yes ☐ No (If yes, a UK rider is required.)

Please check at least one of the following, the issue is:

☒ Registered with the SEC

☒ Eligible for resale under Rule 144A

☐ Eligible for resale under Regulation S of the '33 Act

☐ Issuer relying on Section 3(c)(7) of the '40 Act

☐ Exempt under Rule 3(a)(2) of the '33 Act

☐ Exempt under another exemption(s); indicate exemption(s):

LORNA DIANE FISHER

Issuer Name & Issue Description:

SOCIAL SECURITY BOND # F80197364 / FRB acct #0080197364

104-58-265841 CA

Incorporated in or formed under the laws of:

Issue Principal/Offering Amount: N A

Share Quantity: N A

Closing Date: 11 / 25 / 2019 (MM/DD/YYYY)

Is this a Book-Entry-Only issue (represented by a global certificate with no certificates available to individual holders.)

☒ Yes ☐ No (If yes, a Letter of Representations is required.)

Does this issue contain a put/tender feature? ☒ Yes ☐ No (If yes, for certificated issues a Tender Letter of Representations is required.)

CONTACT INFORMATION

Lorna Diane Fisher

Lead Underwriter

Lorna Diane Fisher 925 642-6943

Lead Underwriter Contact

Phone

lornafisher048@gmail.com

E-Mail Address

DTC Participant account number to be credited at the time of closing:

If Lead Underwriter is not a DTC Participant, please provide the contact information for the Clearing DTC Participant.

WELLS FARGO

Clearing DTC Participant

925 755-5474

Clearing DTC Participant Contact Name

Phone

E-Mail Address

CONTACT INFORMATION (Continued)

WELLS FARGO

Transfer Agent

925 755-5474

Transfer Agent Contact

Phone

Lorna Diane Fisher

Paying Agent

Lorna Diane Fisher

925 642-6943

Paying Agent Contact

Phone

Lorna Diane Fisher

Issuer's Counsel

Lorna Diane Fisher

925 642-6943

Issuer's Counsel Contact

Phone

Lorna Diane Fisher

Remarketing Agent (provide if applicable to the issue)

Lorna Diane Fisher

925 642-6943

Remarketing Agent Contact

Phone

Lorna Diane Fisher

Tender Agent (provide if applicable to the issue)

Lorna Diane Fisher

925 642-6943

Tender Agent Contact

Phone

DELIVERY OF SECURITIES

Will the securities be eligible as a FAST (Fast Automated Securities Transfer) issue? ☒ Yes ☐ No

If no, provide the date the securities will be delivered to DTC:

____/____/____ (MM/DD/YYYY)

Note:

Please use the address listed on the CUSIP INFORMATION page to deliver securities to DTC at least one business day before closing. For additional information, please contact DTC's Interface/Underwriting Department at the numbers provided.

SUBMITTED BY: (PLEASE CHECK ONE)

☒ Underwriter

☐ Clearing DTC Participant

By:

(Authorized Signature)

Lorna Diane Fisher, Authorized Signatory

(Print Name & Date)

CUSIP INFORMATION

[illegible]

* E = Equity, D = Debt, 144A, AI, Reg S

DTC UNDERWRITING DEPARTMENT PHONE NUMBERS:

ISSUE ELIGIBILITY

UNDERWRITING HOTLINE

1 (866) 724-4402 (within the U.S. & Canada)

1 (212) 855-2210 (for callers outside of the U.S. & Canada)

Option # 2 Eligibility: Sub Option # 1 Municipal; Sub Option # 2 Corporate

Option #3 Book Entry Only Letters of Representations

Option # 5 Closings

CLOSING DESK

1 (212) 855-3752

PACKAGING INQUIRIES

1 (212) 855-5878 or 3713

1 (212) 855-8707

DEPARTMENT MANAGERS

1 (212) 855-3727 or 1 (212) 855-1013 or 1 (813) 470-1150

1 (212) 855-5004 or 3726 or 3728 & 1 (813) 470-1037 or 1038

DTC MAILING ADDRESSES:

UNDERWRITING DEPARTMENT

ATTENTION: UNDERWRITING ELIGIBILITY DEPT.

THE DEPOSITORY TRUST COMPANY

55 WATER STREET - 1SL

NEW YORK, NY 10041-0099

DELIVERY OF SECURITIES TO DTC

(For Underwriting distribution only)

ATTENTION: UNDERWRITING/PACKAGING DEPT.

THE DEPOSITORY TRUST COMPANY

55 WATER STREET - 2SL

NEW YORK, NY 10041-0099

E-MAIL ADDRESSES:

Forward issue information to: uw-corp@dtcc.com



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
<i>(If neither is selected, previous list will also remain in effect)</i>			
Financial Institution Name*		Routing (ABA) Number*	
LORNA DIANE FISHER		P80197364/0080197364 / 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 _____	SEE ATTACHED
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 *See notary attached* (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	Certifying Official Signature
(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]
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 List

Document Date: 11/26/19

Number of Pages: 1 of 2

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

Trade Payment WizardSM

International Documentary Collection Instructions

Documents Against Payment

International Documentary Collection Against Payment or "D/P."

An International Documentary Collection Against Payment is a formal request for payment made by a bank on behalf of its customer. The bank acts solely as an agent and assumes no responsibility for the requested payment.

Collection Instructions:

- 1) Complete the Collection Request Wizard form (use upper case only).
- 2) Print and sign the second page International Documentary Collection along with the bill of exchange (Draft).
- 3) Send the International Documentary Collection along with the bill of exchange to the address indicated on the top of the second page together with your transport documents.

Date: Nov 25, 2019 Seller Ref: 0080197364
 Drawer (Seller): LORNA DIANE FISHER
 Address Line 1: DTC 55 WATER STREET NEW YORK NY 10041
 Address Line 2: 1908 ROSIE LANE BRENTWOOD CALIFORNIA 94513
 Contact Person: LORNA DIANE FISHER
 Phone Number: 925-642-6943

Drawee (Buyer): LORNA DIANE FISHER / FRB 0080197364 / 061000146
 Address Line 1: 1000 PEACHTREE STREET NE ATLANTA GA 30309
 Address Line 2: 1908 ROSIE LANE BRENTWOOD CALIFORNIA 94513

Collecting Bank (Buyer's Bank): WELLS FARGO
 Address Line 1: 5859 Lone Tree Way, Antioch California 94531
 Address Line 2: NA

Documents for payment include:

Documents	Draft	Invoice	Packing List	Certificate of Origin	Insurance	AWB	B/L	Other	Other	Other
Originals	X	X						X		
Duplicate										

Covering Shipment of: PORTAL

Draft/Invoice# 1010
 Currency: USD Amount (in Figures): 1,000,000.00
 Amount (in words): ONE MILLION
 Tenor: At (Sight or number of days) SIGHT

Upon payment please credit our account as follows:

Account Name: ZCORE INC.
 Account Number: 3494886579
 Bank Name: WELLS FARGO
 Bank Address: 5859 Lone Tree Way, Antioch California 94531
 Bank ABA/Transit No.: 121042882

Special Instructions:

Processing: Print & Sign the Collection request page two along with Draft.

LORNA DIANE FISHER 1908 Rosie Lane Brentwood, California 94513 Ph: 925-642-6943 Fax: 925-642-6943					International Documentary Collection Documents Against Payment					
Seller/Drawer: Name: LORNA DIANE FISHER Address: DTC 55 WATER STREET NEW YORK NY 10041 1908 ROSIE LANE BRENTWOOD CALIFORNIA 94513					Date: Nov 25, 2019 Seller Ref: 0080197364		Contact Person: LORNA DIANE FISHER Contact Number: 925-642-6943			
WE ENCLOSE THE FOLLOWING FOR COLLECTION										
Buyer/Drawee/Drawn on: Name: LORNA DIANE FISHER / FRB 0080197364 / 061000146 Address: 1000 PEACHTREE STREET NE ATLANTA GA 30309 1908 ROSIE LANE BRENTWOOD CALIFORNIA 94513					Collecting Bank (if blank we will designate a Bank for you) Name: WELLS FARGO Address: 5859 Lone Tree Way, Antioch California 94531 N A					
Draft/Invoice #: 1010			Draft Amount: USD 1,000,000.00			Tenor: <input checked="" type="checkbox"/> SIGHT				
Deliver Documents Against <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Acceptance										
Documents	Draft	Invoice	Packing List	Certificate of Origin	Insurance	AWB	B/L	Other	Other	Other
Originals	X	X						X		
Duplicate										
Covering Shipment of: PORTAL										
<input checked="" type="checkbox"/> Drawee Bank charges are to be paid by Drawee(s) <input checked="" type="checkbox"/> Your charges are to be paid by <input checked="" type="checkbox"/> Drawer <input type="checkbox"/> Drawee(s) <input checked="" type="checkbox"/> Debit our account _____ for your charges <input type="checkbox"/> Waive charges if refused by the Drawee(s) & charge us <input type="checkbox"/> Do not waive charges <input checked="" type="checkbox"/> Advise Non-Acceptance and/or Non-Payment by SWIFT <input checked="" type="checkbox"/> Advise Payment and/or Acceptance by SWIFT <input checked="" type="checkbox"/> Protest for Non-Payment <input type="checkbox"/> Do not Protest					Upon payment please credit our account as follows: Account Name: ZCORE INC. Account Number: 3494886579 Bank Name: WELLS FARGO Bank Address: 5859 Lone Tree Way, Antioch California 94531 Bank ABA/Transit No.: 121042882					
Special Instructions:										
					PRINCIPAL / AUTHORIZED SIGNATORY Nov 25, 2019					
Drawer/Customer's Authorized Signature					Name and Title Date					

LORNA DIANE FISHER		International Bill of Exchange		Date Nov 25, 2019	No. 1010
Place of drawing 1908 ROSIE LANE BRENTWOOD CALIFORNIA 94513				At SIGHT	
Pay to the order of ZCORE INC.					
Amount ONE MILLION				USD	1,000,000.00
Value received and charge to account of LORNA DIANE FISHER / FRB 0080197364 / 061000146					
To: LORNA DIANE FISHER / FRB 0080197364 / 061000146 1000 PEACHTREE STREET NE ATLANTA GA 30309 1908 ROSIE LANE BRENTWOOD CALIFORNIA 94513			Drawer LORNA DIANE FISHER Authorized Signature As Good as Aval		

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.

OFFICE OF CLERK-RECORDER
COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

STATE NO. **58-265841**

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

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

THIS CHILD	1. NAME OF CHILD—FIRST NAME		2. MIDDLE NAME		3. LAST NAME	
	LORNA		DIANE		MONTGOMERY	
PLACE OF BIRTH	4. SEX	5. MARITAL STATUS (THIS IS FEMALE)	6. IF TAKEN BY THREAT, THIS DATE	7. DATE OF BIRTH—MONTH, DAY, YEAR		8. HOUR
	Female	Single	-	November 1 1958		12:29 A.
PLACE OF BIRTH	9. PLACE OF BIRTH—NAME OF HOSPITAL			10. STREET ADDRESS—CITY, STREET OR RAIL ADDRESS IN LOCATION OF BIRTH (SEE INSTRUCTIONS)		
	Kaiser Foundation Hospital 4526			280 West MacArthur Blvd. X 100		
MOTHER OF CHILD	11. NAME OF MOTHER—FIRST NAME		12. MIDDLE NAME		13. LAST NAME	
	Vertie		Lee		Hall	
USUAL RESIDENCE OF MOTHER	14. AGE OF MOTHER LAST DAY OF THE MONTH		15. BIRTHPLACE (CITY OR FOREIGN COUNTRY)		16. MAILING ADDRESS OF MOTHER—CITY, STREET OR RAIL ADDRESS (SEE INSTRUCTIONS)	
	27		Louisiana		As given below	
USUAL RESIDENCE OF MOTHER	17. USUAL RESIDENCE OF MOTHER—CITY, STREET ADDRESS (SEE INSTRUCTIONS)			18. IF INSIDE CITY CORPORATE LIMITS		
	10500 Pippin			X Inside City Limits		
FATHER OF CHILD	19. NAME OF FATHER—FIRST NAME		20. MIDDLE NAME		21. LAST NAME	
	Oscar		-		Montgomery	
FATHER OF CHILD	22. AGE OF FATHER LAST DAY OF THE MONTH		23. BIRTHPLACE (CITY OR FOREIGN COUNTRY)		24. PRESENT OR LAST OCCUPATION	
	37		Louisiana		Laborer	
INFORMANT'S CERTIFICATION	25. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			26. DATE SIGNED BY INFORMANT		
	Vertie L. Montgomery			November 3 1958		
ATTENDANT'S CERTIFICATION	27. I HEREBY CERTIFY THAT I TESTIFIED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.			28. ADDRESS		
	James A. Bayley MD			Oakland, California		
REGISTRAR'S CERTIFICATION	29. DATE ON WHICH THIS RECORD WAS FILED			30. DATE RECEIVED BY LOCAL AGENCIES		
	James C. Malachuk MD			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 2019



000071200

Melissa Wilk
 Melissa Wilk
 COUNTY CLERK-RECORDER

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

ANY ALTERATION OR ENASURE VOID THIS CERTIFICATE

OFFICE OF RECORDER
COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

3615

LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER

MUST BE LEGIBLE—NAME NO BRASSIES, WHITES, OR OTHER ALTERATIONS

LOCAL REGISTRATION NUMBER

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 2014 21ST ST		3B. CITY OAKLAND		3C. ZIP CODE 3D. COUNTY—OUTSIDE CALIFORNIA ENTER STATE 94607 ALAMEDA	
4. MAILING ADDRESS—IF DIFFERENT N/A		5. NUMBER OF PREVIOUS MARRIAGES 0		7A. LAST MARRIAGE ENDED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	
6A. USUAL OCCUPATION BUSINESS MAN		6B. USUAL KIND OF BUSINESS OR INDUSTRY CLOTHING		6. EDUCATION—YEARS COMPLETED 13	

GROOM
PERSONAL
DATA

10A. FULL NAME OF FATHER CHARLES FISHER		10B. STATE OF BIRTH LOUISIANA		11A. FULL MAIDEN NAME OF MOTHER BULA MAE JAMES	
12A. NAME OF BRIDE—FIRST (GIVEN) 12B. MIDDLE LOVNA DIANE		12C. CURRENT LAST (FAMILY) CANYERS		12D. MAIDEN LAST (FAMILY) OR DIFFERENT THAN 12C MONTGOMERY	
13A. RESIDENCE—STREET AND NUMBER 770 BROADWAY #301		13B. CITY OAKLAND		13C. ZIP CODE 13D. COUNTY—OUTSIDE CALIFORNIA ENTER STATE 94612 ALAMEDA	
14. MAILING ADDRESS—IF DIFFERENT N/A		15. NUMBER OF PREVIOUS MARRIAGES 1		7B. DATE—MONTH, DAY, YEAR 11/05/1992	
16A. USUAL OCCUPATION MGR.		16B. USUAL KIND OF BUSINESS OR INDUSTRY COMPUTERS		8. EDUCATION—YEARS COMPLETED 16	
9A. FULL NAME OF FATHER OSCAR MONTGOMERY		9B. STATE OF BIRTH LOUISIANA		9C. FULL MAIDEN NAME OF MOTHER VERTIE LEE HALL	
9D. STATE OF BIRTH LOUISIANA					

BRIDE
PERSONAL
DATA

AFFIDAVIT

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

17A. SIGNATURE OF GROOM
Gregory Lee Fisher

17B. SIGNATURE OF BRIDE
Lovna Diane Canyers

LICENSE
TO MARRY

18A. ISSUE DATE MONTH, DAY, YEAR 09/13/1994	18B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR 12/12/1994	18C. LICENSE NUMBER 856653	18D. COUNTY OF ISSUE ALAMEDA
18E. SIGNATURE OF WITNESS <i>Patrick O'Connell</i>		18F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE) <i>David A. Sugarbaker</i>	

WITNESSES
(ONE REQUIRED)

19A. SIGNATURE OF WITNESS <i>Gregory Lee Fisher</i>	19B. ADDRESS—STREET AND NUMBER 10000 Piedmont	19C. CITY, STATE AND ZIP CODE OAKLAND CA 94603
19D. SIGNATURE OF WITNESS <i>Lovna Diane Canyers</i>	19E. ADDRESS—STREET AND NUMBER 86 Cedar St #4	19F. CITY, STATE AND ZIP CODE Oakland CA 94610

CERTIFICATION
OF PERSON
SOLEMNIZING
MARRIAGE

20. 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

21. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE
Patrick O'Connell

22. OFFICIAL TITLE
Minister

23. MAILING ADDRESS
441 THE ALAMEDA, OAKLAND, CALIF 94612

LOCAL REGISTRY
OF MARRIAGES
(COUNTY RECORDS)

24A. SIGNATURE OF LOCAL REGISTRAR <i>Patrick O'Connell</i>	24B. SIGNATURE OF DEPUTY (IF APPLICABLE) <i>David A. Sugarbaker</i>	25. DATE ACCEPTED FOR REGISTRATION SEP 27 1994
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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 1 1998

DATE ISSUED

This copy is not valid unless accompanied by an engraved border displaying the date, seal and signature of the Recorder

Patrick O'Connell
 PATRICK O'CONNELL
 ALAMEDA COUNTY RECORDER



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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