

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:

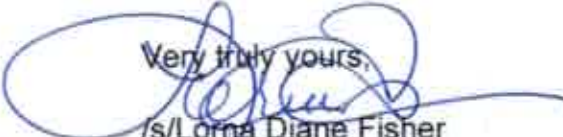
This cover letter is to refer to the Registration Statement on Form F-6 (the "Registration Statement") to be filed with the Securities and Exchange Commission (the "SEC") by the legal entity issuing American Depositary Share ("ADS") as hereinafter for the purpose to registering under the U.S. Securities 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

Incorporated in or formed under the laws of: 104-58-265841 CA

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

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)







**Federal Reserve Bank  
Official Authorization List**

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 _____	<b>SEE ATTACHED</b>
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	Certifying Official Signature
<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 _____	<hr/>
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**

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.

# 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 20<sup>th</sup> 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 )

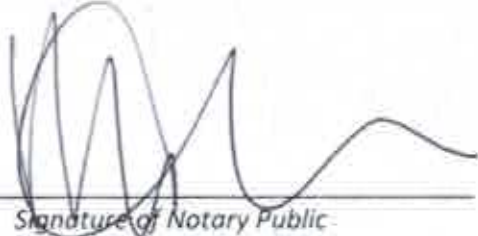
COUNTY OF Contra Costa )

Subscribed and sworn to (or affirmed) before me on this 26<sup>th</sup> 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 WizardS(tm)**  
**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:**  SIGHT

**Deliver Documents Against  Payment  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

Drawee Bank charges are to be paid by Drawee(s)  
 Your charges are to be paid by  Drawer  Drawee(s)  
 Debit our account \_\_\_\_\_ for your charges  
 Waive charges if refused by the Drawee(s) & charge us  
 Do not waive charges  
 Advise Non-Acceptance and/or Non-Payment by SWIFT  
 Advise Payment and/or Acceptance by SWIFT  
 Protest for Non-Payment  
 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:**

  
 Drawer/Customer's Authorized Signature      **PRINCIPAL / AUTHORIZED SIGNATORY**      Nov 25, 2019  
 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.



**CERTIFICATION OF VITAL RECORD**

OFFICE OF CLERK-RECORDER  
**COUNTY OF ALAMEDA**  
 OAKLAND, CALIFORNIA

STATE FILE NO. **58-265841**

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

LOCAL JURISDICTION DISTRICT AND CENSUS ROUTE NO. **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 THIS IS TRIPLE OR QUAD TWINS (SEE INSTRUCTIONS)	7. DATE OF BIRTH—MONTH, DAY, YEAR		8. HOUR
	Female	Single	-	November 1 1958		12:29 A.
	9. PLACE OF BIRTH—NAME OF HOSPITAL			10. STREET ADDRESS	11. STREET OR MAIL ADDRESS IN ALTERNATE CITY OR COUNTY	
MOTHER OF CHILD	12. NAME OF MOTHER—FIRST NAME		13. MIDDLE NAME		14. LAST NAME	
	Vertie		Lee		Hall	
LEGAL RESIDENCE OF MOTHER	15. RESIDENCE OF MOTHER AT TIME OF BIRTH		16. BIRTHPLACE (GIVE IN FULL STATE)		17. MAILING ADDRESS OF MOTHER—GIVE FULL ADDRESS OF HOME OR OTHER PLACE	
	27 YEARS		Louisiana		As given below	
FATHER OF CHILD	18. USUAL RESIDENCE OF FATHER—STREET ADDRESS		19. CITY OR TOWN		20. COUNTY	
	10500 Pippin		Oakland		Alameda	
INFORMANT'S CERTIFICATION	21. NAME OF FATHER—FIRST NAME		22. MIDDLE NAME		23. LAST NAME	
	Oscar		-		Montgomery	
ATTENDANT'S CERTIFICATION	24. AGE OF FATHER AT TIME OF BIRTH		25. BIRTHPLACE (GIVE IN FULL STATE)		26. PRESENT OR LAST OCCUPATION	
	37 YEARS		Louisiana		Laborer	
REGISTRAR'S CERTIFICATION	27. DATE OF WHICH CHILD WAS BORN BY MOTHER		28. DATE OF WHICH CHILD WAS BORN BY FATHER		29. DATE SIGNED BY INFORMANT	
	15-68		-		November 3 1958	
REGISTRAR'S CERTIFICATION	30. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		31. SIGNATURE OF OTHER INFORMANT (GIVE FULL NAME AND ADDRESS)		32. ADDRESS	
	I HEREBY CERTIFY THAT I HAVE REVIEWED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		33. SIGNATURE OF REGISTRAR (GIVE FULL NAME AND ADDRESS)		34. DATE RECEIVED BY LOCAL JURISDICTION	
REGISTRAR'S CERTIFICATION	35. DATE OF WHICH CHILD WAS BORN BY MOTHER		36. DATE OF WHICH CHILD WAS BORN BY FATHER		37. DATE RECEIVED BY LOCAL JURISDICTION	
	15-68		-		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 as 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

**LICENSE AND CERTIFICATE OF MARRIAGE**

**3615**

STATE FILE NUMBER **1** MUST BE LEGIBLE - HAVE NO ERASURES, WHITESOUTS, OR OTHER ALTERATIONS LOCAL REGISTRATION NUMBER

GROOM PERSONAL DATA	1A. NAME OF GROOM - FIRST (GIVEN), 11B. MIDDLE <b>GREGORY LEE</b>		1C. LAST (FAMILY) <b>FISHER</b>		3. DATE OF BIRTH - MONTH, DAY, YEAR <b>07/12/1951</b>	
	3A. RESIDENCE - STREET AND NUMBER <b>2014 21ST ST</b>		12B. CITY <b>OAKLAND</b>		12C. ZIP CODE; 12D. COUNTY - (DEFER TO CALIFORNIA CIVIL SERVICE) <b>94607 ALAMEDA</b>	
	5. MAILING ADDRESS - IF DIFFERENT <b>N/A</b>		6. NUMBER OF PREVIOUS MARRIAGES <b>0</b>		7A. LAST MARRIAGE ENDED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	
	8A. USUAL OCCUPATION <b>BUSINESS MAN</b>		8B. USUAL KIND OF BUSINESS OR INDUSTRY <b>CLOTHING</b>		8. EDUCATION - YEARS COMPLETED <b>13</b>	
10A. FULL NAME OF FATHER <b>CHARLES FISHER</b>		10B. STATE OF BIRTH <b>LOUISIANA</b>		11A. FULL MAIDEN NAME OF MOTHER <b>BULA MAE JAMES</b>		11B. STATE OF BIRTH <b>LOUISIANA</b>

BRIDE PERSONAL DATA	12A. NAME OF BRIDE - FIRST (GIVEN), 112B. MIDDLE <b>LOXNA DIANE</b>		12C. CURRENT LAST (FAMILY) <b>FANBERS</b>		12D. MAIDEN LAST (FAMILY) OR DIFFERENT THAN 12C. <b>MONTGOMERY</b>	
	13A. RESIDENCE - STREET AND NUMBER <b>770 BROADWAY #301</b>		13B. CITY <b>OAKLAND</b>		13C. ZIP CODE; 13D. COUNTY - (DEFER TO CALIFORNIA CIVIL SERVICE) <b>94612 ALAMEDA</b>	
	15. MAILING ADDRESS - IF DIFFERENT <b>N/A</b>		16. NUMBER OF PREVIOUS MARRIAGES <b>1</b>		17A. LAST MARRIAGE ENDED BY <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	
	18A. USUAL OCCUPATION <b>MGR.</b>		18B. USUAL KIND OF BUSINESS OR INDUSTRY <b>COMPUTERS</b>		18. EDUCATION - YEARS COMPLETED <b>16</b>	
20A. FULL NAME OF FATHER <b>OSCAR MONTGOMERY</b>		20B. STATE OF BIRTH <b>LOUISIANA</b>		20A. FULL MAIDEN NAME OF MOTHER <b>VERTIE LEE HALL</b>		20B. STATE OF BIRTH <b>LOUISIANA</b>

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

23. SIGNATURE OF GROOM  
*Gregory Lee Fisher*  
 24. SIGNATURE OF BRIDE  
*Loxna Diane Fanbers*

25A. ISSUE DATE - MONTH, DAY, YEAR: **09/13/1994**  
 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*

26A. SIGNATURE OF WITNESS: *Christopher J. Costa*  
 26B. ADDRESS - STREET AND NUMBER: **10500 Piedmont**  
 26C. CITY, STATE AND ZIP CODE: **BERKELEY CA 94603**  
 27A. SIGNATURE OF WITNESS: *M. W.*  
 27B. ADDRESS - STREET AND NUMBER: **86 Lakeside St # 4**  
 27C. CITY, STATE AND ZIP CODE: **Oakland CA 94610**

28. I HEREBY CERTIFY THAT THE FOREGOING 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: *Rev. David A. Sugarbaker*  
 29B. RELIGIOUS DENOMINATION OR CLERGY: **Non-Denom., Prot.**  
 29C. TYPE OF PRIEST: **REV. DAVID A. SUGARBAKER**  
 29D. OFFICIAL TITLE: **MINISTER**  
 29E. MAILING ADDRESS: **541 THE ALAMEDA, OAKLAND, CALIF. 94612**  
 29F. ZIP CODE: **94612**

30A. SIGNATURE OF LOCAL REGISTRAR: *Patrick O Connell*  
 30B. SIGNATURE OF DEPUTY (IF APPLICABLE): *Patrick O Connell*  
 31. DATE ACCEPTED FOR REGISTRATION: **SEP 27 1994**

**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 prepared on an engraved form displaying the date, seal and signature of the Recorder

*Patrick O Connell*  
 PATRICK O'CONNELL  
 ALAMEDA COUNTY CLERK




11/05/2019



LORNA DIANE FISHER



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