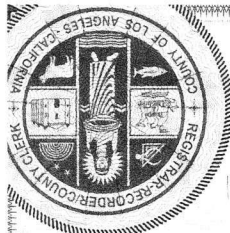


STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK



This copy not valid unless prepared on engraved border displaying the Seal of the Registrar-Recorder/County Clerk.

019100651



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. FEB 11 2008

15A DATE OF DEATH		15B STATE FILE NO		16 LOCAL REGISTRAR - SIGNATURE		17 DATE ACCEPTED FOR REGISTRATION		LOCAL REGISTRAR	
				JONATHAN E FIELDING, MD		01/03/2007			
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		LORAINIE DIEGO, MD, 2405 WEST 8TH STREET # 105, LOS ANGELES							
13C TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT									
13E CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A ATTENDANT OR CERTIFIER - SIGNATURE - DEGREE OR TITLE		13B LICENSE NUMBER		13C DATE SIGNED		CERTIFICATION OF BIRTH	
		Mark Okuda		A067445		11/30/2006			
13F CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A PARENT OR OTHER INFORMANT - SIGNATURE		12B RELATIONSHIP TO CHILD		12C DATE SIGNED		CERTIFICATION OF INFORMANT	
		Mark Okuda		FATHER		11/30/2006			
9A NAME OF MOTHER - FIRST (GIVEN)		9B MIDDLE		9C LAST (MAIDEN)		10 STATE OF BIRTH		MOTHER OF CHILD	
MARIA LOREVELL		TORREMONIA		CURIOSO		08/31/1979			
6A NAME OF FATHER - FIRST (GIVEN)		6B MIDDLE		6C LAST (FAMILY)		7 STATE OF BIRTH		FATHER OF CHILD	
MARK		YOKTSU		OKUDA		03/19/1982			
5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B STREET ADDRESS - STREET NUMBER, OR LOCATION		5C CITY		5E PLANNED PLACE OF BIRTH		PLACE OF BIRTH	
GLENDALE MEMORIAL HOSPITAL		1420 S. CENTRAL AVENUE		LOS ANGELES		HOSPITAL			
2 SEX		3A THIS BIRTH SINGLE, TWIN ETC		3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC		4A DATE OF BIRTH - MM/DD/CCYY		4B HOUR - (24 HOUR CLOCK TIME)	
MALE		SINGLE		-		11/28/2006		1720	
1A NAME OF CHILD - FIRST (GIVEN)		1B MIDDLE		1C LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		THIS CHILD	
SHAUN JACOB		SHINJI		CURIOSO		OKUDA			
STATE FILE NUMBER		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		1200619135741		CERTIFICATE OF LIVE BIRTH	
								STATE OF CALIFORNIA	