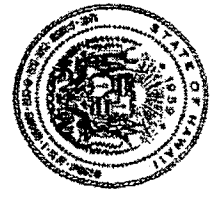


**EXHIBIT D**

*\*Good for life in Hawaii*



STATE OF HAWAII  
DEPARTMENT OF HEALTH

License No. 00-313

# License to Perform Marriage Ceremony

ROGER CHRISTIE

was licensed to perform marriages in the State of Hawaii on JUNE 19, 2000

For the Director of Health

*Alvin T. Onaka*

State Registrar  
Office of Health Status Monitoring

Dated at Honolulu, Hawaii

JUNE 19, 2000

This license is to be returned to the Department of Health upon revocation of the license, or resignation as a marriage performer or upon the performer's departure from the State of Hawaii.

STATE OF HAWAII  
DEPARTMENT OF HEALTH

6-19-00

OFFICE OF HEALTH STATUS MONITORING

APPLICATION FOR COMMISSION TO PERFORM MARRIAGE

PLEASE PRINT:

- 1. Full name of applicant (No initials) ROSEB CHRISTIE
- 2. Residence KIPUKA STREET PUNA BEACH PALIGADES PAHOA
- 3. Mailing address P.O. BOX 202 HILO 96721
- 4. Date of birth 6 15 49 5. Place of birth STEAMBOAT SPRINGS, CO.
- 6. Citizen of USA?  Yes  No 7. Length of residence in Hawai'i 13 YEARS +
- 8. Can you read and write English?  Yes  No 8a. Telephone: Res. 967-0488 Bus. \_\_\_\_\_
- 9. Have you ever been licensed in the past to perform marriages in the State of Hawai'i?  Yes  No  
If yes, when? \_\_\_\_\_
- 10. Have you performed any marriages in the State of Hawai'i prior to this application? Yes  No   
If yes, please give date and place of marriage: \_\_\_\_\_

NOTE: Questions 11-15 to be answered by ministers and others who perform religious marriage ceremony.

- 11. Place ordained or appointed (Church, organization, etc.): RELIGION OF JESUS HILO  
City & State or Country HILO, HAWAII USA
- 12. Date ordained or appointed JUNE 2 2000 13. Denomination or sect CANONICAL SACRAMENT
- 14. Present church or other organizational affiliation \_\_\_\_\_  
Address \_\_\_\_\_
- 15. Your title \_\_\_\_\_

NOTE: Questions 16-18 to be answered by persons who perform civil marriage ceremony.

- 16. Present office held, e.g., judge \_\_\_\_\_
- 17. Name of organization, e.g., district court \_\_\_\_\_
- 18. Date of appointment \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Applicant Roseb Christie

NOTE: Application must be accompanied by a letter recommending the granting of a license from one of the following:

- 1. For ministers, a letter from the head of his denomination in Hawai'i.
- 2. For persons performing civil ceremony, a letter from the appointing authority.

BELOW FOR OFFICE USE ONLY

Date received _____	Sighted:	Completed:
Approved by _____ Date _____	( ) Driver's License # _____	( ) Log
License No. _____	( ) State I.D. # _____	( ) Index Card
Date issued _____	( ) Ordination Card # _____	( ) Index Card for District Health Office
	( ) Other: _____	( ) Computer
		( ) License Mailed