Exhibit I

| CERTIFICATE OF LIVE BIRTH David David Deegan Carl Moote Carl Moote Carl Moote Carl Moote Carl Moote Carl Moote Carl Country or serve Carl Cark Memorial Hospital Carl Mood Carl Cark Memorial Hospital Carl Carl Carl Carl Carl Carl Carl Carl | IOCAL PILE NUMBER | | | WEST VIRGINIA STAT DIVISION OF | WEST VIRGINIA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS | E | BIRT | BIRTH NO. |
|--|-------------------|--|-------------------------------------|---|---|---------------------------|----------------------------------|---|
| Thomas Park Parkersburg | | | | CERTIFICAT | E OF LIVE BIRTH | | 147-1670 | 1 |
| Thomas David Cfr. : Count or serin Cfr. : Cf | | | FIRST | MIDDLE | IAST | | OF BIRTH (Mo., Day, Yr.) | HOUR |
| Canden Clark Memorial Hospital 4. Parkersburg 26101 4. Wood | CHILD | Thomas | | David | Deegan | Male | | 12:06 A |
| Leady has the single ord Clark Memorial Hospital about the leady of th | | HOSPITAL NAME (IF not | in hospital, give stree | I and number! | CITY, TOWN OR LOCATION OF BIR | | | 196 |
| Learly has the strong of anti-bone concerning this chief areas to be been been been been been been been | | 4e. Camden | Clark Mer | norial Hospital | | | | |
| Societies R. Handle Carl E. Nichols, M.D. See Gerre ER. Handle Andrew Carl E. Nichols, M.D. See Gerre ER. Handle Carl E. Nichols E. Mineral Wells See WV See Gerre ER. Handle Carl E. Nichols E. Mineral Wells See WV See ER. # 2, Box 684, Mineral Wells See ER. # 3, 1976 See ER. Handle Carl E. Nichols ER. | | best of my knowledge on | iformation concerning of belief. | this child is true to the | E SIGNED (Mo., Day, Ye.) | NAME AND TITLE OF ATTENC | ANT AT BIRTH IF OTHER THAN | |
| CERTER NAME AND ITHE FLOWER STATE, 19 Sea Carl E. Nichols, M.D. Sea Carl M.D. Sea Carl E. National Country Sea Mugust 3, 1976 Angust 3, 1976 Angu | CEOTIEIED | Sa. (Signature) | Carl E. | Vichols, M.D. | 8-2-76 | | | |
| See (Signedum) Carl E. Nichols, M.D. See (Signedum) Carl E. Nichols (M.D. E. Stephens) See (Signedum) Carl E. Stephens See W. August 3, 1976 MOTHER MALING ADDRESS—If James or above, wing the Carl Wells (M. Mineral Wells) See W. Activities (M. Mineral Wells) See W. August 3, 1976 See Received by Mineral Wells See W. August 3, 1976 See | CEN IIIIEN | CERTIFIER NAME AND I | ILE (Type or Print) | | MAILING ADDRESS (STREET OR R.F | D. NO., CITY OR TOWN, STA | TE, ZIP) | |
| *** Cisprotural Country Circ. Town on Location Models (145) | | r | Nichols, | M.D. | 1037 Market | St., Parkers | | 26101 |
| MOTHER-NAME FIRST MIDDLE LAST AGE (Avinne STATE OF BERTH (If not in U.S.A., name of this birth) | | HEGSTRAR | | | | DATE RECEIVED BY REGIST | | |
| 2. Darlene Kay Hager 12. 18 12. Obio RESDENCE-STATE COUNTY CITY. TOWN OR LOCATION RESDENCE-STATE NUMBER OF RESDENCE ROTHERS MAILING ADDRESS—If anneas a cobre, with 2 pc Code only ROTHERS MAILING ADDRESS—If anneas a cobre, with 2 pc Code only ROTHERS MAILING ADDRESS—If anneas a correct to the best of my Anowledge and beinet correct to the best of my Anowledge and beinet correct to the best of my Anowledge and beinet RELATION TOCHILD (Signed and Anome) RESTENCY OF STATE OF BRETH (Il not in U.S.A., norm (Signed and Breth) RELATION TOCHILD RELATION TO CHILD RELATION TO CHI | | MOTHER MATTEN NAME | 2013 | | | gue | 3, 1976 | |
| RESERVACE.STATE COUNTY CITY. TOWN OR LOCATION RESERVACE.STATE COUNTY CITY. TOWN OR LOCATION RESERVACE STREET & NUMBER OF RESERVACE RESER | | | | | | :- | OF BRTH (If not in U.S.A., nam | e country) |
| RESIDENCE: STATE COUNTY CITY. TOWN OR LOCATION STREET A NUMBER OF RESDENCE BD WV BD W. Mineral Wells BD | | | | CONTROL OF | Hager | 7.6 | Ohio | |
| MOTHER'S MARING ADDRESS—If some on above, enter Zip Code only o. Rt. # 2, Box 684, Mineral Wells, WV 26150 father.NAME FIRST MDDLE LAST AGE (At time of the base of my thouledge and bedself. 100. Zames David Deegan 100. Zames David Deegan 100. Zames Relation of Common of the parameter of breest of my thouledge and bedself. Relation TO CHILD | MOTHER | WV | County | Wineral | u | STREET & NUMBER OF RES | DENCE | INSIDE CITY LIMITS (Specify Yes or No.) |
| O. Rt. # 2, Box 684, Mineral Wells, WV 26150 AGE (An importance of the base of my throwledge and beful RELATION TO CHILD Communication of provided on this certificate is correct to the base of my throwledge and beful RELATION TO CHILD | | MOTHER'S MALLING ADC | DRESS — If same as ab | | | 3 | DEAVE | Se. Yes |
| ANTHER-NAME FIRST ANDE LAST AGE (At time of this birth) 100. James David Deegan 100. 22 Comply that the parameter information provided on this certificate is correct to the best of my knowledge and belief. RELATION TO CHILD | • | * | | | NA MA | | | |
| 10c. James David Deegan 10b. 22 10c. Certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. RELATION TO CHILD or control of the | FATHER | FATHER-NAME | FURST | Mipole | LAST | | Of BIRTH (Il not in U.S.A., name | Country) |
| is information provided on this terrificate is correct to the best of my knowledge and belief. | | 100. James | a | avid | | ğ | ennsylvania | |
| Other informati) | | (Signature of Porent or other informant) | Aformation provided | on this certificate is correct to the bass of n | | | | |

DEATH UNDER ONE YEAR OF AGE Enter State File Number of deoth certificate for this child

TIVE BIRTH(S)



This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with:

Vital Statistics Bureau for Public Health West Virginia Department of Health and Human Resources Charleston, West Virginia.

> Gary L. Thompson State Registrar

The certified copy or information appears on the reverse side on multicolor surface. Document contains heat-sensitive stamp and watermark.

Do not accept without verifying watermark and heat-sensitive stamp.

WARNING!

It is a crime punishable by fine and imprisonment to counterfeit or alter this certificate or to use the vital statistics record of another person for deceptive purposes.