

REGISTRATION NUMBER

DVH 0475

			DATE OF REGISTRATION/PUBLICATION			
			Month	12	15 Day	2010 Year
	DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE	E A SEPA	RATE CONTINU	ATION SHI	EET. (Form D-V	H/CON)
1	Please give the make and model of the vessel that embodies the	design.				
) (a)	What is the type or style of the design for which registration is so EIBERCIASS V HOLL WITH VENTED	CHIN		PEXEN	1 SHEATE	LINE
DESIGN Check here if his is a single design. Check here if	Provide a brief general statement setting forth the salient features SPECIFIC SHAPE AND DECK LAYOU PLATFORMS FOR UTILITY, COCKPIT HND STYLE, BROKEN AND RAISE	ARIO D SH	MEMR FOR	2 Bo	w DEPTH	Bryc
egistering nore than one design Use Form D-VH/CON or additional designs.	If this design is derived from an earlier design, describe how that					
DESIGNER(S)	Provide the name and address of the designer(s). The name of the design was made within the regular scope of employment of the design or impossible to ascribe. Please check here if those conditions are satisfied and you are placed in the second s	providing	a (2) the marrian	name.	mpor me design	s) if, (1) the n is difficult
OWNER, IF NOT DESIGNER(S)	If the owner is different from the designer(s) or employer named at Name: Address:	ove, pro	vide the name a	nd address	of the owner:	
5 (a) PRIORITY CLAIM	in an application filed in a foreign country that extends to designs of owners who are citizens of the United States, or to persons filing applications in the United States, similar protection to that afforded in 17 USC chapter 13?	Country: Date of a				on:
DATE MADE PUBLIC	Was this design made public before the date of application? ☐ Yes If yes, on what date? Month Day Year	i ⊠ No	APPLICATION APPLICATION DESIGN COPI FUNDS RECE	RECEIVED ES RECEIVE VED ///	11	9/20/0

	ONLY				
DO NOT W	RITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET. (Form D-VH/CON)				
DO NOT W	Please provide the name and address of the person to whom correspondence regarding this application may be directed:				
7	Name: ANTHONY KACIL				
CONTACT PERSON	Address: 4034/SW OSPREY ORFEK CLARY PARM CITY FC 34990 Email address tony (calif @ hotmail. Cl FAX number 772-283-4548 Daytime phone: (407) 399-9287	om			
0	Give the name and account number if the registration fee is to be charged to a deposit account established in the Copyright Office:				
	Name of Account:				
DEPOSIT ACCOUNT	Account number:				
CERTIFICATION AND SWORN STATEMENTS	DECLARATION: The undersigned, as the applicant or the applicant's duly appointed agent or representative, being hereby warned that willful false statements are punishable by fine or imprisonment, or both, under 18 USC §1001, and that such willful false statements may jeopardize the validity of this application or any resulting registration, hereby declares to the best of his or her knowledge and belief: (1) that the design has been fixed in a useful article; (2) that the design is original and was created by the designer(s), or employer if applicable, named in the application; (3) that those aspects of the design for which registration is sought are not protected by a design patent; (4) that the design has not previously been registered on behalf of the applicant or applicant's predecessor in title; and (5) that the applicant is the person entitled to protection and to registration under chapter 13 of title 17, United States Code. Complete if applicable: The design has been made public with a design notice as prescribed by 17 USC §1306.				
	Where on the useful article is the design notice located? If the undersigned is not the applicant, he or she is properly authorized to execute this application on behalf of the applicant. Signature ANTHON CALIL Date Date				
Copyright	Print of type name 399 9287 772-283 4548 Fax number Fax	M			
Write the C	YOU MUST:				
Certificate will be mailed in	Name ▼ ANTHONY KALIL Number/Street/Apt ▼ 4034 SW OSPREY CREEK W.M - Complete all necessary spaces - Sign your application in space 9 SEND ALL 3 ELEMENTS IN THE SAME PACKAGE: 1. Application form 2. Nontrefundable filing fee in check or money order payable to Register of Copyrights 3. Design material				
window envelope to this	Number/Street/Apt ▼ 4034 SW OSPREY CREEK W.H 1. Application The filling fee in check or money order payable to Register of Copyrights 3. Design material				

EXAMINED BY CHECKED BY

□ Yes

CORRESPONDENCE

Certificate will be mailed in window envelope to this

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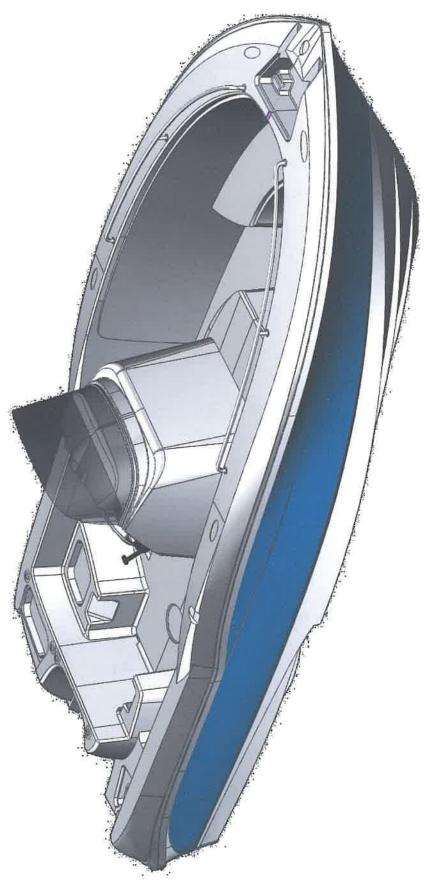
FORM D-VH

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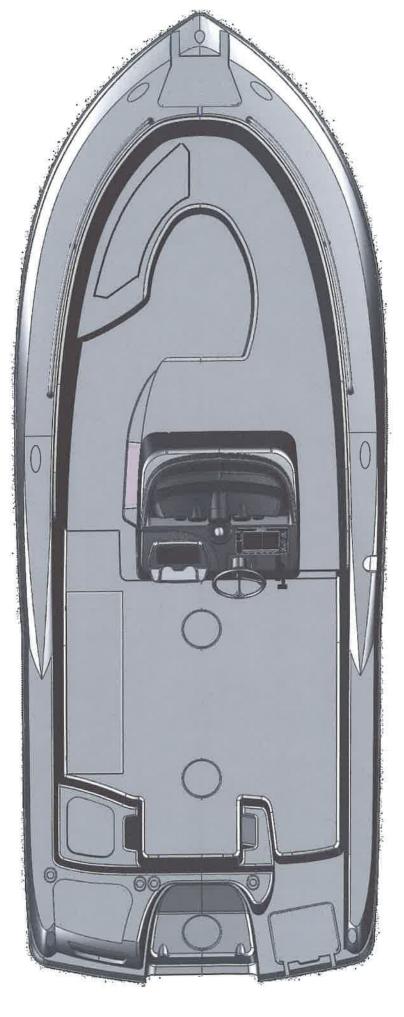
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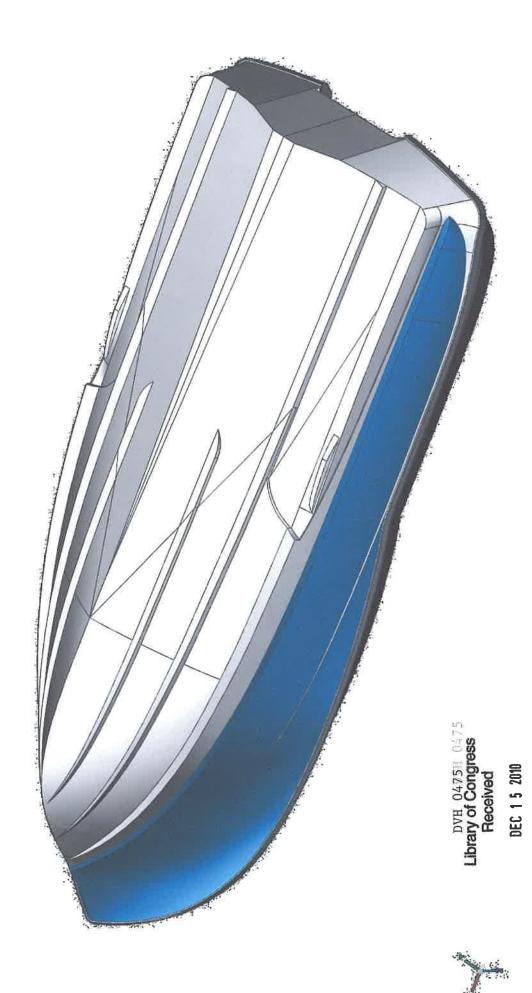


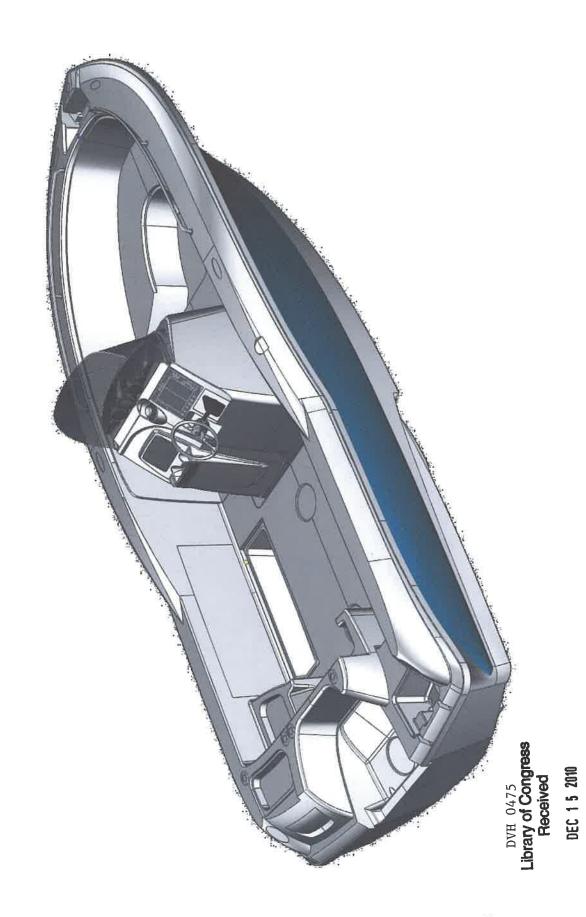


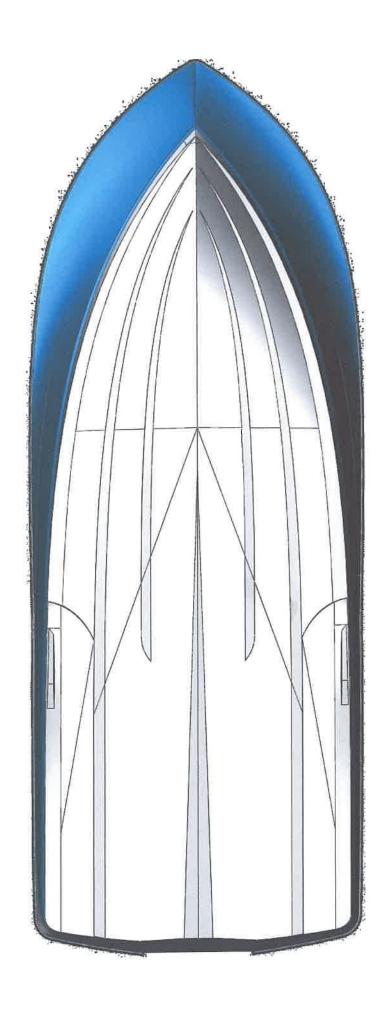
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