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REGISTRATION NUMBER

DVH 0525

DATE OF REGISTRATION/PUBLICATION

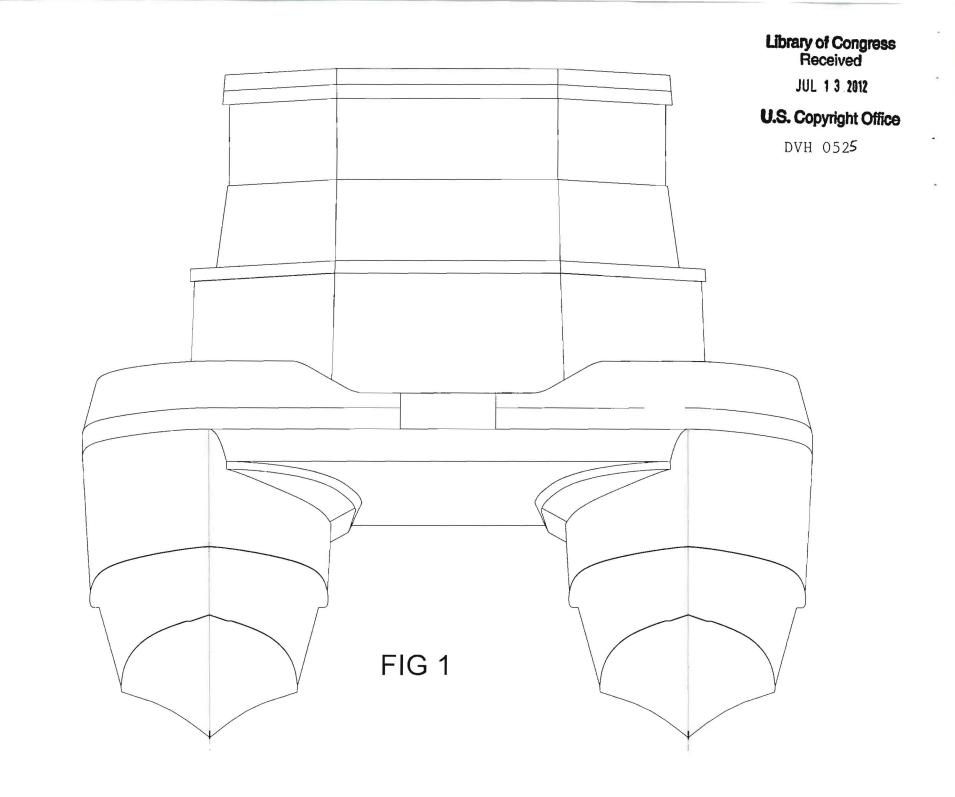
JUL 1 3 2012 Month

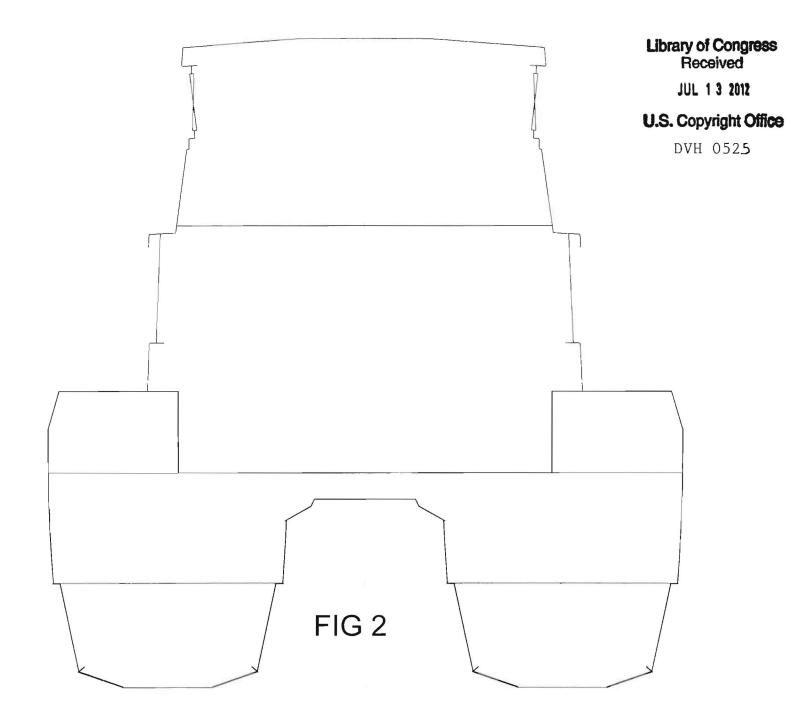
Day

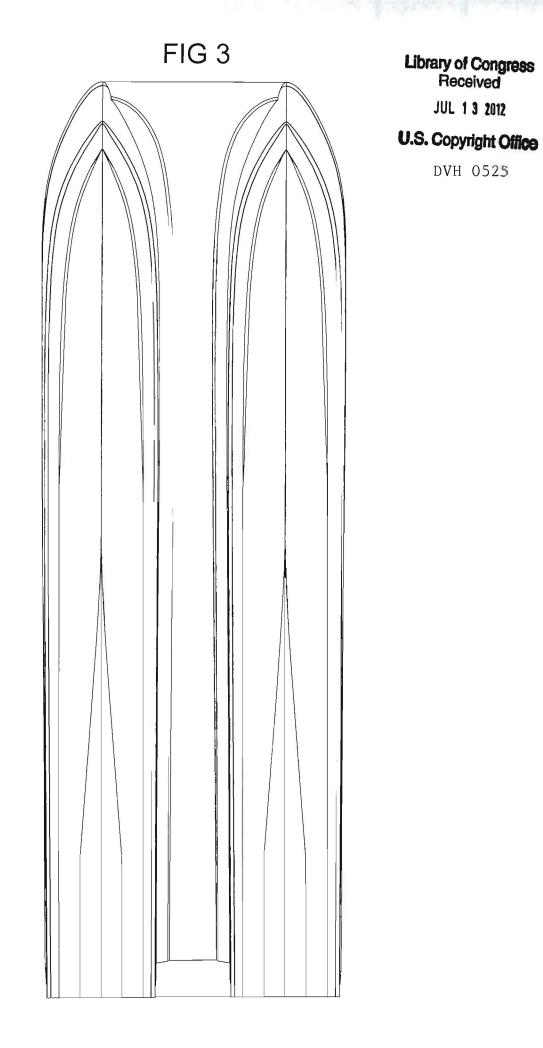
Year

	DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET. (Form D-VH/CON			
1 TITLE	Please give the make and model of the vessel that embodies the design. SB24			
7 (a)	What is the type or style of the design for which registration is sought? CATAMARAN			
DESIGN(b) Check here if this is a single design.	Provide a brief general statement setting forth the salient features of the design. Overall appearance for a boat as shown, including hull configuration and shape			
Check here if registering more than one design. Use Form D-VH/CON for additional designs.	If this design is derived from an earlier design, describe how that design has been revised, adapted, or rearranged.			
3 DESIGNER(S)	Provide the name and address of the designer(s). The name of the employer may be given instead of the designer(s) if, (1) the design was made within the regular scope of employment of the designer(s) and (2) the individual authorship of the design is difficult or impossible to ascribe.			
	Name: Clive Jeffrey Name: Address: Venture Quays, Castle Street Address: East Cowes, Isle of Wight PO32 6EZ, United Kingdom			
4 owner, if not designer(s)	If the owner is different from the designer(s) or employer named above, provide the name and address of the owner: Name: South Boats (Holdings) Limited Address: Venture Quays, Castle Street East Cowes, Isle of Wight PO32 6EZ, United Kingdom			
5 (a) priority claim	Was an application for registration of this design identified (b) If yes, identify the country and date of application: in an application filed in a foreign country that extends to (b) If yes, identify the country and date of application: country:			
6 DATE MADE PUBLIC	Was this design made public before the date of application? Way es D No If yes, on what date? January 15 2012 Month Day Year ORE ON BACK Complete all applicable spaces (numbers 7-9) on the reverse side of this page. See detailed instructions. See detailed instructions. See detailed instructions. See detailed instructions. See detailed instructions. See detailed instructions. Month Day Year Month Day			

0	5			
		EXAMINED BY	FORM D-VH	
		CHECKED BY DMH		
			FOR COPYRIGHT OFFICE USE ONLY	
DO NOT W	RITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A	SEPARATE CONTINUATION SHEET. (Form D-V	H/CON)	
7	Please provide the name and address of the person to whom correspondence regarding this application may be directed:			
	Name: Alicia J. Edwards			
CONTACT PERSON	Address: Gable Gotwals, 100 West 5	th Street, 10th Floor		
	Tulsa, OK 74103-4217	Email addressiplaw@gabl	elaw.com	
	FAX number1 918 595 4990	Daytime phone: (918) _59	95 4963	
0	Give the name and account number if the registration fee is	to be charged to a deposit account established	in the Copyright Office:	
0	Name of Account:			
DEPOSIT ACCOUNT	Account number:			
CERTIFICATION AND SWORN STATEMENTS	 ments 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, <i>United States Code</i>. Complete if applicable: The design has been made public with a design notice as prescribed by 17 USC §1306. Following is the exact form of the design notice: Where on the useful article is the design notice located? 			
	If the undersigned is not the applicant, he or she is prope	rly authorized to execute this application on b	ehalf of the applicant.	
		July 11, 201	21	
	Signature Alicia J. Edwards	Date Attorney for		
	Print or type name <u>1 918 595 4963 1 918 595 4</u>	990 Position or title 191aw@gable	law.com	
	Telephone number Fax number	Email address		
	t Office fees are subject to change. For current fees, Copyright Office, or call (202) 707-3000.	check the Copyright Office website at M	vww.copyright.gov,	
Certificate	Name V	YOU MUST: - Complete all necessar - Sign your application in		
will be mailed in window	Alicia J. Edwards Gable Gotwals	SEND ALL 3 ELEME IN THE SAME PACK	NTS	
envelope to this	100 West 5th Street, 10th Floor	Application form Anorefundable filing t to Register of Copyrig J. Design material	ee in check or money order payable other	
address:	City/State/Zip ▼	MAIL TO:		







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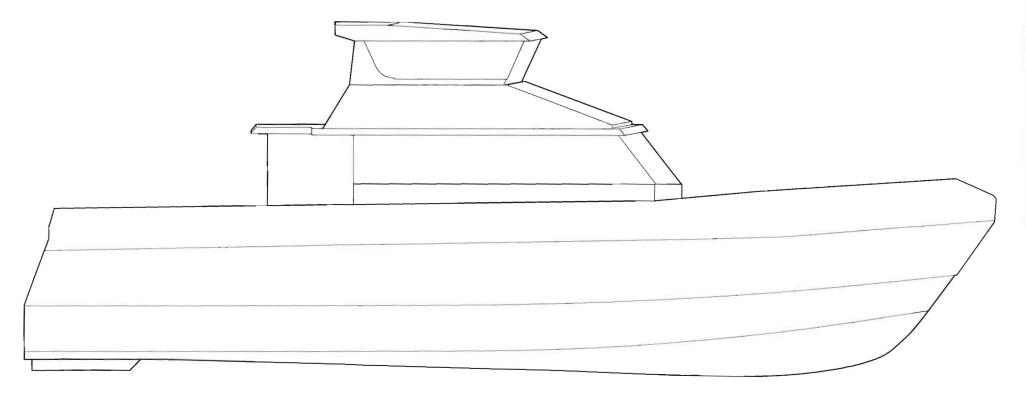


FIG 4

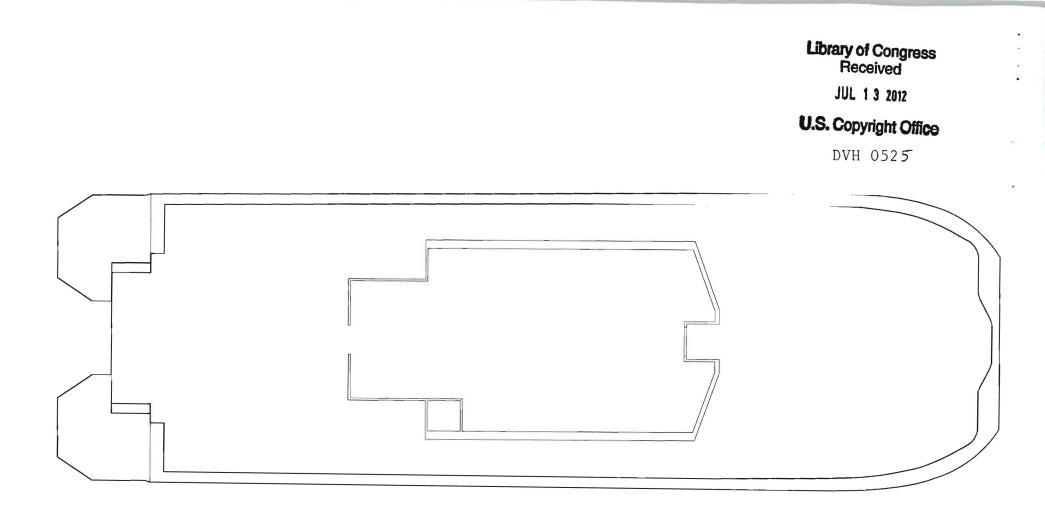


FIG 5

