

CHECKED BY:	APPLICANT RECEIVED Jan 29 1979 3/15/78
CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED 1/13/78 - 2c
DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE E 81849 1/13/78

FOR
COPYRIGHT
OFFICE
USE
ONLY

TX - 236-839

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes..... No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - This is the first published edition of a work previously registered in unpublished form.
 - This is the first application submitted by this author as copyright claimant.
 - This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give: Previous Registration Number Year of Registration

5
Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)
.....

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)
.....

6
Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS LEADING PRINTERS	PLACES OF MANUFACTURE 11114 Mc Cormick St. North Hollywood, Ca. 91603
--	---

7
Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

Copies and phonorecords Copies Only Phonorecords Only

8
License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.) Name Account Number:	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.) Name: WORLD SERVICE OFFICE INC. Address: 10717 Sherman Way (Apt) Sun Valley, Ca. (State) 91352 (ZIP)
--	---

9
Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) author other copyright claimant owner of exclusive right(s) authorized agent of: C.A.R.E.N.A. AND WORLD SERVICE OFFICE INC. (Name of author or other copyright claimant or owner of exclusive right(s)) of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Handwritten signature: *James P. Kinnon* (X)
Typed or printed name: JAMES P. KINNON Date: 1/25/79

10
Certification
(Application must be signed)

<p>WORLD SERVICE OFFICE INC. (Name)</p> <p>10717 SHERMAN WAY (Number, Street and Apartment Number)</p> <p>SUN VALLEY, CA. 91352 (City) (State) (ZIP code)</p>	<p>MAIL CERTIFICATE TO</p> <p>JAN 1979 (Certificate will be mailed in window envelope)</p>
---	--

11
Address
For Return
of
Certificate

Section 504(c)(2) of the Copyright Act of 1976. Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 407(c) or in a similar statement filed in connection with the application, shall be fined not more than \$2,000.

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

UNITED STATES COPYRIGHT OFFICE

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

Copyright Office

~~Another Look~~
Travis's Accompaniment

REGISTRATION NUMBER		
TX	236-838	
EFFECTIVE DATE OF REGISTRATION		
1	13	78
Month	Day	Year

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

UNITED STATES COPYRIGHT OFFICE

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

Barbara Ringer

NATREE

REGISTRATION NUMBER		
TX	236-839	
EFFECTIVE DATE OF REGISTRATION		
JAN	13	78
Month	Day	Year

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

UNITED STATES COPYRIGHT OFFICE

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

Barbara Ringer

To You Love and Lickit.

REGISTRATION NUMBER		
Y	284-899	
TX	TXU	
EFFECTIVE DATE OF REGISTRATION		
JAN	13	78
Month	Day	Year

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

UNITED STATES COPYRIGHT OFFICE

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

Barbara Ringer

Another Look

REGISTRATION NUMBER		
Y	284-901	
TX	TXU	
EFFECTIVE DATE OF REGISTRATION		
1	13	78
Month	Day	Year

Form 872-C

(Rev. May 1977)

Department of the Treasury—Internal Revenue Service

Consent Fixing Period of Limitation
Upon Assessment of Tax Under Section
4940 of the Internal Revenue Code
(See instruction 2 of Part IV—Form 1023 instructions.)

To be used
with Form
1023 only.
Submit in
duplicate.

Pursuant to section 6501(c)(4) of the Internal Revenue Code and as part of a request submitted with Form 1023, that the within designated organization be treated as a publicly supported organization within the meaning of section 170(b)(1)(A)(vi) or section 509(a)(2) during an extended advance ruling period,

NARCOTICS ANONYMOUS

(Name of organization)

**10717 SHERRMAN WAY
SUN VALLEY, CA 91352**

(Number, street, city or town, State and ZIP code)

District Director

and the

consent and agree as follows:

The period of limitation upon assessment of the tax imposed under section 4940 of the Code for any taxable year within the advance ruling period as extended shall not expire prior to one year from the date of expiration of the time prescribed by law for the assessment of a deficiency for the last taxable year within the advance ruling period, as extended, to wit (check one)—

- First taxable year ~~at least~~ 8 months: The period of limitations for the first 5 taxable years shall extend 8 years, 4 months, 15 days beyond the end of the first taxable year.
- First taxable year less than 8 months: The period of limitations for the first 6 taxable years shall extend 9 years, 4 months, 15 days beyond the end of the first taxable year,

except that if a notice of deficiency in tax for any such years is sent to the organization before expiration of such period, the time for making an assessment shall be further extended for the period in which the making of an assessment is prohibited and for 60 days thereafter.

Ending date of first taxable year: ~~----- 2 FEBRUARY 28 1978~~

Name of organization	<i>Narcotics Anonymous</i>	Date	<i>3/22/78</i>
Officer or trustee having authority to sign	<i>James P. Kinnon Sr.</i>		
Signature	<i>James P. Kinnon Sr.</i>		
District Director	W. H. CONNETT DISTRICT DIRECTOR	Date	MAY 11 1978
By	<i>A. W. Jordan</i>	GROUP MANAGER	

BILL TO: (ATTY, BANK OR AGENT) NAME _____ ADDRESS _____ CITY _____	PUBLISH IN: _____ COUNTY CLERK'S FILING STAMP
REMEMBER 1. Submit Original and 3 copies. 2. Filing Fee is \$10.00 for the first name and \$2.00 for each additional name listed on the same statement. 3. Provide return Envelope, if mailed. 4. Remove Carbon before mailing.	SEE REVERSE SIDE FOR INSTRUCTIONS

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1.	Fictitious Business Name(s) C.A.R.E.N.A. (Care Narcotics Anonymous.)	
2.	Street Address, City & State of Principal place of Business in California	Zip Code
	8061 Vineland Avenue Sun Valley, CA.	91352
3.	Full name of Registrant <i>(if corporation - show state of incorporation)</i>	
	World Service Office, Inc. of Narcotics Anonymous. CA.	
	Residence Address	City State Zip Code
	8061 Vineland Ave Sun Valley, CA.	91352
	Full name of Registrant <i>(if corporation - show state of incorporation)</i>	
	Residence Address	City State Zip Code
	Full name of Registrant <i>(if corporation - show state of incorporation)</i>	
	Residence Address	City State Zip Code
	Full name of Registrant <i>(if corporation - show state of incorporation)</i>	
	Residence Address	City State Zip Code

4.	This business is conducted by () an individual () a general partnership () a limited partnership () an unincorporated association other than a partnership (X) a corporation () a business trust (CHECK ONE ONLY)	
5.	Signed _____ Typed or Printed _____	If Registrant a corporation sign below: Corporation Name World Service Off, Inc. of N.A. Signature & Title Phillip Ray Christ

This statement was filed with the County Clerk of _____ County on date indicated by file stamp above.

6. New Fictitious Business Name Statement <input type="checkbox"/>	I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
7. Refile - Statement expires December 31. <input checked="" type="checkbox"/>	_____ COUNTY CLERK BY _____ DEPUTY

0.17907

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Barbara Ringer
Register of Copyrights
United States of America

REGISTRATION NUMBER	
TX	236-839
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
JAN 1	13 78
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: THE N.A.TREE. <small>If a periodical or serial give: Vol. No. Issue Date</small>	PREVIOUS OR ALTERNATIVE TITLES:
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) <small>Title of Collective Work Vol. No. Date Pages</small>	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.											
	1	<table border="1"> <tr> <td>NAME OF AUTHOR: C.A.R.E.N.A. <small>Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No</small></td> <td>DATES OF BIRTH AND DEATH: Born Died</td> </tr> <tr> <td>AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or } Domiciled in U.S.A. <small>(Name of Country) (Name of Country)</small></td> <td> <table border="1"> <tr> <td>WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:</td> <td>Anonymous? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td>Pseudonymous? Yes <input type="checkbox"/> No</td> </tr> </table> </td> </tr> <tr> <td>AUTHOR OF: (Briefly describe nature of this author's contribution)</td> <td>If the answer to either of these questions is "Yes, see detailed instructions attached"</td> </tr> </table>	NAME OF AUTHOR: C.A.R.E.N.A. <small>Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No</small>	DATES OF BIRTH AND DEATH: Born Died	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or } Domiciled in U.S.A. <small>(Name of Country) (Name of Country)</small>	<table border="1"> <tr> <td>WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:</td> <td>Anonymous? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td>Pseudonymous? Yes <input type="checkbox"/> No</td> </tr> </table>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	Anonymous? Yes <input checked="" type="checkbox"/> No		Pseudonymous? Yes <input type="checkbox"/> No	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached"
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AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached"											

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1976 <small>(This information must be given in all cases.)</small>	DATE AND NATION OF FIRST PUBLICATION: Date June 1 1976 <small>(Month) (Day) (Year)</small> Nation U.S.A. <small>(Name of Country)</small> <small>(Complete this block ONLY if this work has been published.)</small>
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4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): C.A.R.E.N.A. 10717 Sherman Way Sun Valley, Ca. 91352
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

NO POST OFFICE BOX

District Director
Internal Revenue Service

Date:

May 4, 1978

In reply refer to: EUG-2: D: WTM

FL-1331, Code ~~X28X~~

(213) 688-4152

W. T. Mabry

▷ World Service Office, Inc.
10717 Sherman Way
SunValley, CA 91352

In Reference to: Form 1023

Gentlemen:

It will be necessary for you to amend your . . . Please add or amend your existing provisions in order to conform to the items checked below:

Upon the winding up and dissolution of this corporation, after paying or adequately providing for the debts and obligations of the corporation, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation, which is organized and operated exclusively for charitable, educational, or religious and/or scientific purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

No part of the net earnings of this corporation shall ever inure to or for the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the exempt purposes for which it was formed.

Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954.

If you are not incorporated, insert the word "association" in place of "corporation" in the foregoing amendments.

Amendments made by associations must be signed by an authorized officer. Amendments made by corporations must be endorsed by the Secretary of State of the state in which they are incorporated.

Please provide the items requested within 30 days.

Sincerely yours,

District Director

FL-1331 (8-72)

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

Barbara Ringer

Register of Copyrights
United States of America

REGISTRATION NUMBER	
TX 236-838	TXU
EFFECTIVE DATE OF REGISTRATION	
1 / 13 / 78	Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: NARCOTICS ANONYMOUS <small>If a periodical or serial give: Vol. No. Issue Date</small>	PREVIOUS OR ALTERNATIVE TITLES:
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) <small>Title of Collective Work: Vol. No. Date Pages</small>	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	1	NAME OF AUTHOR: C.A.R.E.N.A. <small>Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No</small> DATES OF BIRTH AND DEATH: Born Died (Year) (Year) AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. (Name of Country) } or { Domiciled in U.S.A. (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)
	2	NAME OF AUTHOR: <small>Was this author's contribution to the work a "work made for hire"? Yes No</small> DATES OF BIRTH AND DEATH: Born Died (Year) (Year) AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)
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3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1976 <small>(This information must be given in all cases.)</small>	DATE AND NATION OF FIRST PUBLICATION: Date June 1 1976 <small>(Month) (Day) (Year)</small> Nation U.S.A. <small>(Name of Country)</small> <small>(Complete this block ONLY if this work has been published.)</small>
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4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): C.A.R.E.N.A. 10717 SHERMAN WAY SUN VALLEY, CA. 91352
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

* If you need more space (numbers 5-11) on the reverse side of this page...

CERTIFICATE OF COPYRIGHT REGISTRATION

Form 1a
UNITED STATES COPYRIGHT OFFICE

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Barbara Ringer
Register of Copyrights
United States of America

REGISTRATION NUMBER	
TX	284-901
	TXU
EFFECTIVE DATE OF REGISTRATION	
1	13 78
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: ANOTHER LOOK.	PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol. No. Issue Date PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	1	NAME OF AUTHOR: C.A.R.E.N.A. X Was this author's contribution to the work a "work made for hire"? Yes..... No..... AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or { Domiciled in U.S.A. (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes..... No..... AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)
3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes..... No..... AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	

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CERTIFICATE OF COPYRIGHT REGISTRATION

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UNITED STATES COPYRIGHT OFFICE

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EFFECTIVE DATE OF REGISTRATION	Jan 13 78 Month Day Year

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Title of Collective Work Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	1	NAME OF AUTHOR: C.A.R.E.N.A. X Was this author's contribution to the work a "work made for hire"? Yes..... No..... AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)
	2	DATES OF BIRTH AND DEATH: Born Died (Year) (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes..... No..... Pseudonymous? Yes..... No..... If the answer to either of these questions is "Yes, see detailed instructions attached"
3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes..... No..... AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or { Domiciled in U.S.A. (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)	
	DATES OF BIRTH AND DEATH: Born Died (Year) (Year) WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes X No..... Pseudonymous? Yes..... No..... If the answer to either of these questions is "Yes, see detailed instructions attached"	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1976 (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date JUNE 1 1976 u.s.a. Nation (Month) (Day) (Year) (Complete this block ONLY if this work has been published)
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4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): C.A.R.E.N.A. 10717 Sherman Way Sun Valley, Ca. 91352
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

* Complete all applicable spaces (numbers 5-11) on the reverse side of this page

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CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: 1/13/78 - 2c
DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE: 81849 1/13/78

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• If your answer is "Yes," why is another registration being sought? (Check appropriate box)

This is the first published edition of a work previously registered in unpublished form.

This is the first application submitted by this author as copyright claimant.

This is a changed version of the work, as shown by line 6 of this application.

• If your answer is "Yes," give: Previous Registration Number Year of Registration

5
Previous Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

6
Compilation or Derivative Work

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NAMES OF MANUFACTURERS LEARNING PRINTERS	PLACES OF MANUFACTURE 11114 Mc Cormick St. North Hollywood, Ca. 91352
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7
Manufacturing

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a Copies and phonorecords b Copies Only c Phonorecords Only

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CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) C.A.R.E.N.A. AND

author other copyright claimant owner of exclusive right(s) authorized agent of: WORLD SERVICE OFFICE INC.
(Name of author or other copyright claimant or owner of exclusive right(s))

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Handwritten signature: *James P. Kinross*
Typed or printed name: JAMES P. KINROSS Date 1/25/78

10
Certification (Application must be signed)

WORLD SERVICE OFFICE INC. 10717 SHERMAN WAY (Number, Street and Apartment Number) SUN VALLEY, CA. 91352 (City) (State) (ZIP code)	MAIL CERTIFICATE TO (Certificate will be mailed in window envelope)	11 Addr For Return of Certificate
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CHECKED BY:	Jan 29 79 2/15/78	FOR COPYRIGHT OFFICE USE ONLY
CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: 1/13/78 - 2c	
DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE 81849 1/13/78	

TX 284-901

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<p>COMPILATION OR DERIVATIVE WORK: (See instructions)</p> <p>PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)</p> <p>.....</p> <p>MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)</p> <p>.....</p>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">6</div> <p>Compilation or Derivative Work</p>
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<p>MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">NAMES OF MANUFACTURERS</td> <td style="width: 50%; text-align: center;">PLACES OF MANUFACTURE</td> </tr> <tr> <td style="text-align: center;">LEARNING PRINTERS</td> <td style="text-align: center;">11114 Mc. Cormick St. North Hollywood, Ca 91603</td> </tr> </table>	NAMES OF MANUFACTURERS	PLACES OF MANUFACTURE	LEARNING PRINTERS	11114 Mc. Cormick St. North Hollywood, Ca 91603	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">7</div> <p>Manufactur- ing</p>
NAMES OF MANUFACTURERS	PLACES OF MANUFACTURE				
LEARNING PRINTERS	11114 Mc. Cormick St. North Hollywood, Ca 91603				

<p>REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)</p> <ul style="list-style-type: none"> Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work, or (3) both. <p style="text-align: center;"> <input checked="" type="checkbox"/> Copies and phonorecords <input type="checkbox"/> Copies Only <input type="checkbox"/> Phonorecords Only </p>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">8</div> <p>License For Handicapped</p>
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<p>DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)</p> <p>Name:</p> <p>Account Number:</p>	<p>CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)</p> <p>Name: ... WORLD SERVICE OFFICE, INC.</p> <p>Address: ... 10717 Sherman Way (Apt.)</p> <p style="text-align: center;">Sun Valley, Ca. 91352</p> <p style="text-align: center;">(City) (State) (ZIP)</p>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">9</div> <p>Fee and Correspond- ence</p>
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<p>CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)</p> <p><input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> owner of exclusive right(s) <input checked="" type="checkbox"/> authorized agent of: ... C.A.R.E.N.A. AND WORLD SERVICE OFFICE INC</p> <p>of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.</p> <p>Handwritten signature: (X) <i>James P. Kinwon</i></p> <p>Typed or printed name: JAMES P. KINWON Date 1/25/79</p>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">10</div> <p>Certification (Application must be signed)</p>
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<p style="text-align: center;">WORLD SERVICE OFFICE, INC. 10717 SHERMAN WAY SUN VALLEY, CA. 91352</p> <p style="text-align: center; font-size: small;">(City) (State) (ZIP code)</p>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">11</div> <p>Address For Return of Certificate</p>
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MAIL CERTIFICATE

TO

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(Certificate will be mailed in window envelope)