

. REGISTRATION NUMBER

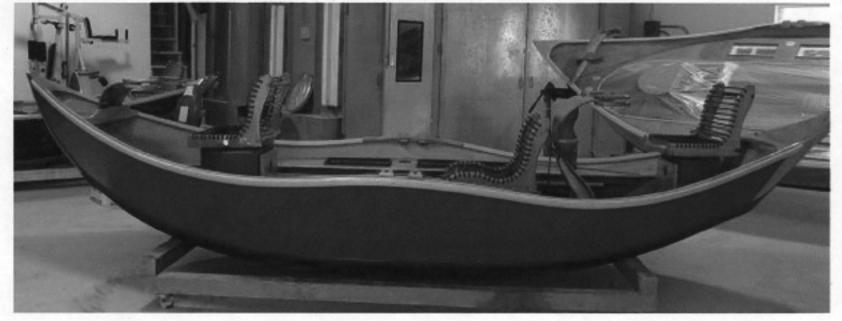
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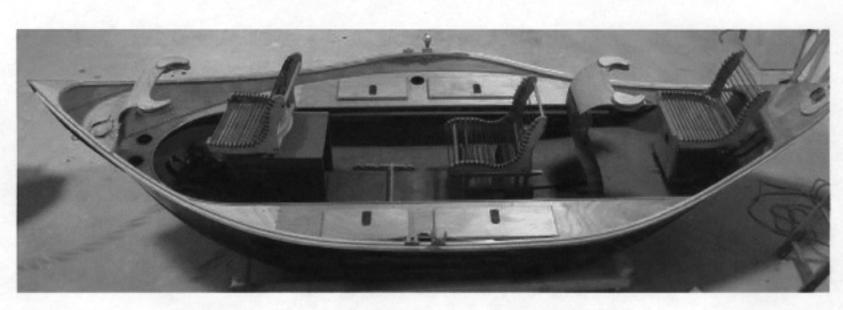
		DATE OF REGISTRATION/F	UBLICATION
		Month 06	ay 09 Year 05
1	OO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARA	TE CONTINUATION SHEET. (	Form D-VH/CON)
1 TITLE	Please give the make and model of the vessel that embodies the design.  Montana Boatbuilders Kingfis	her Rewry	٩
<b>7</b> (a)	What is the type or style of the design for which registration is sought?		
DESIGN(b)  Check here if this is a single design.	Provide a brief general statement setting forth the salient features of the de Hull Shape, Fantail Transem, Intellunnel design and shape, side panel	rior Layout, T	Bod Storage,
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 ha	as been revised, adapted, or	rearranged.
3 DESIGNER(S)	Provide the name and address of the designer(s). The name of the employer design was made within the regular scope of employment of the designer(s) and or impossible to ascribe.  Please check here if those conditions are satisfied and you are providing to Name:  Name:  Name:  Address:  Address:  159047	(2) the individual authorship	
OWNER, IF NOT DESIGNER(S)	If the owner is different from the designer(s) or employer named above, providing Name:  Address:	ide the name and 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 U.S.C. chapter 13?  Yes No Serial No:		f application:
	Was this design made public before the date of application? ☐ Yes ☐ No	APPLICATION RECEIVED	MAR 2 2. 2015
	If yes, on what date? October / 2005 2004	DESIGN COPIES RECEIVED	MAR 22.2005
DATE MADE PUBLIC	Was this design made public before the date of application? The Yes No	FUNDS RECEIVED	MAR 2 2. 20 0 5
CONTRACTOR OF THE PERSON	ORE ON BACK  • Complete all applicable spaces (numbers 7 -9) on the reverse side of this • See detailed instructions. • Sign the form at section 9.		DO NOT WRITE HERE Page 1 of pages

* Amended	by CO per emailed permission from Jason Cajune	EXAMINED BY MA	FORM D-VH
receive	d on May 31, 2005.	, CHECKED BY	<u></u>
		CORRESPONDENCE LYes	FOR COPYRIGHT OFFICE USE
DO NOT	WRITE AROVE THIS LINE IS YOU NEED HORE ORACE HOR A OFFI		ONLY
DO NO	WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEI  Please provide the name and address of the person to whom		ACCOMPRESENCE ACCOMPRESENCE ACCOMPRISE DE COMPRESENCE ACCOMPRANTE ACCOMPRANTE DE COMPRESENCE ACCOMPRANTE
7	Name: JASON CATUNE	in approximation may to	e directed.
CONTACT			
PERSON	Address: 26 JINE / KARIW / Stad		
	Livingston, MT 59047	Email address Jason & Monto	maboatbuil
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Livingston, MT 59047 FAX number 406-222-0866	Daytime phone: (406) 222.	-2791
0	Give the name and account number if the registration fee is to b	AND THE PROPERTY OF THE PROPER	
	Name of Account:		- Avenue
DEPOSIT ACCOUNT	Account number:		
CERTIFICATION AND SWORN STATEMENTS	that willful false statements are punishable by fine or imprisor statements may jeopardize the validity of this application or any re and belief:  (1) that the design has been fixed in a useful article; (2) that the design is original and was created by the d (3) that those aspects of the design for which registrati (4) that the design has not previously been registered o (5) that the applicant is the person entitled to protection  Complete if applicable:  The design has been made public with a design notice Following is the exact form of the design notice:  Adhesive Label will  Where on the useful article is the design notice located  For + AC+ Total  If the undersigned is not the applicant, he or she is properly auth	esigner(s), or employer if applicable, named in the ion is sought are not protected by a design patent; on behalf of the applicant or applicant's predecessed and to registration under chapter 13 of title 17, Una as prescribed by 17 U.S.C. \$1306.	such willful false or her knowledge application; or in title; and nited States Code.  Southwild Boathwild
	Pv	Marcel 9 sage	
	Signature Laboratoria	Date 1	
	Print or type name	Position of Tyle	trons
	40 223 2791 406 222 086 Fix number 222 086	6 Will Mentambante	rullders. u
Copyright write the	t Office fees are subject to change. For current fees, che Copyright Office, or call (202) 707-3000.	ck the Copyright Office website at www.co	pyright.gov,
Certificate will be mailed in window envelope to this address:	Name y  Montara Boatbuilders, Inc  Number/Street/Apt v  26 Pine Meadow Rd	YOU MUST:  Complete all necessary spaces Sign your application in space 9 SEND ALL 3 ELEMENTS IN THE SAME PACKAGE: Application form Nonrefundable filing fee in check to register of Copyrights Design material	or money order payable
	Livingston, MT 59047	MAIL TO: Dept. D-VH Vessel Huil Registration P.O. Box 71380 Washington, D.C. 20024-1380	<b>计算规则 化二氯甲基酚 医</b>
17 U.S.C. §1327. P design under this ch	enalty for false representation. "Whoever knowingly makes a false representation materially a napter shall pay a penalty of not less than \$500 and not more than \$1,000, and any rights or priv	affecting the rights obtainable under this chanter for the numose of obtaini	ing registration of a



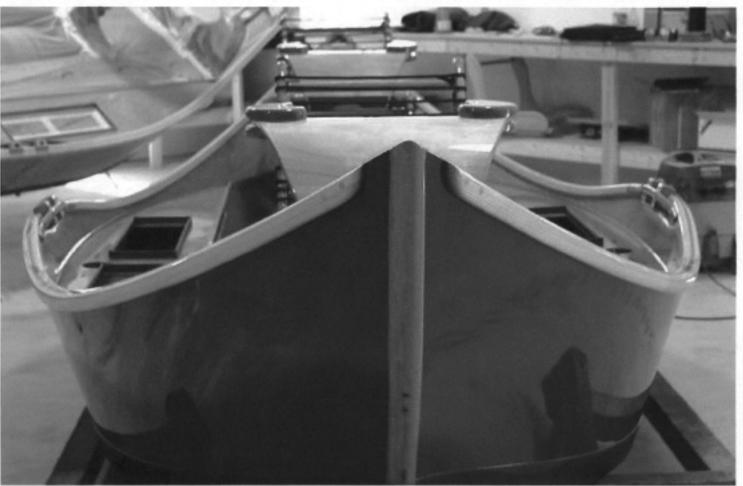
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## RECURVE SHEET I





RECURVE SHEET 2

MAR 2 2 2005 23



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