pages

Page 1 of

REGISTRATION NUMBER

DVH 0287

DATE OF REGISTRATION/PUBLICATION

		Month 04	Day 05	Year 06		
D	O NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CON	TINUATION SH				
	Please give the make and model of the vessel that embodies the design. Wellcraft 215 Bay					
TITLE						
9 (a)	What is the type or style of the design for which registration is sought? Center-console fishing boat					
DESIGN(b)	Provide a brief general statement setting forth the salient features of the design. The features relate to the design of the deck and the hull configuration of the vessel hull.					
Check here if his is a single lesign.		annahmaronta + / n. Va. lari mana lari an anga				
Check here if registering more than one design. D-VH/CON or 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 difficulty or impossible to ascribe. Please check here if those conditions are satisfied and you are providing the employer's name.					
	Name: Wellcraft Marine Name:					
	Address: 1651 Whitfield Avenue Address:					
OWNER,	If the owner is different from the designer(s) or employer named above, provide the Name: Address:	name and addr	ess of the owner:			
DESIGNER(S)						
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? Person No Serial No:		date of application			
6 DATE MADE	If yes, on what date? August 9 2005 Month Day Year	ICATION RECEIVED	NUA UO	2005 2005 05		

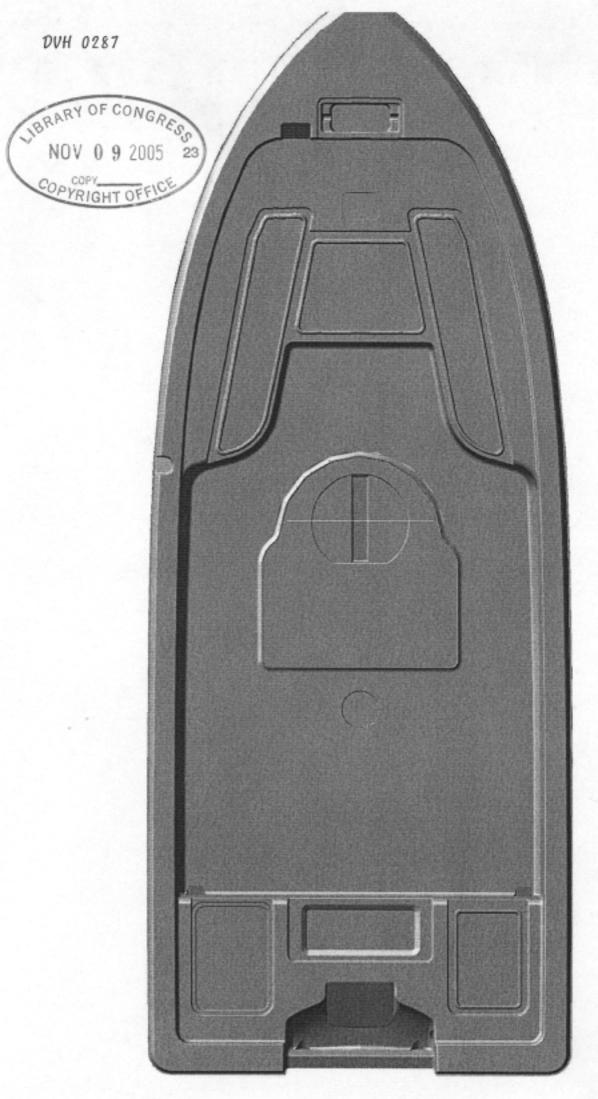
			CORRESPONDENCE 1 Yes	FOR COPYRIGHT OFFICE USE ONLY				
DO NOT V	VRITE ABOVE THIS LINE. IF Y Please provide the name a	OU NEED MORE SPACE, USE A S	EPARATE CONTINUATION SHEET. (Form	n D-VH/CON)				
1	Name: David G. Schmaltz	-						
CONTRACT								
CONTACT PERSON	Address: 3200 IDS Center, 80 South Eighth Street, Minneapolis, Minnesota 55402 Email address dschmaltz@merchant-gould.com							
			Daytime phone: (612					
Q	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:	Name of Account:						
DEPOSIT ACCOUNT	Account number:							
CERTIFICATION AND SWORN STATEMENTS	that willful false statements are punishable by fine or imprisonment, or both, under 18 U.S.C. §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 U.S.C. §1306. Following is the exact form of the design notice: Protected Design Wellcraft Marine, 2005							
CER	******	Where on the useful article is the design notice located?						
S	· ´ <u>T</u> ı	ansom						
•	If the uni s not the	a anademit. he or she is properly a	authorized to execute this application on					
	X		/0 / Z / /	05				
	David G. Schmaltz		Attorney Position or Title					
	Print or type name 612-336-4617	612-332-9081	dschmaltz@merchant	chmaltz@merchant-gould.com				
	Telephone number	FAX number	Email address					
	t Office fees are subject Copyright Office, or ca		heck the Copyright Office website	e at www.copyright.gov,				
Certificate [Name ▼			necessary spaces				
will be mailed in	David G. Schmaltz		SEND ALL 3	lication in space 9 BELEMENTS BEPACKAGE:				
window envelope to this address:	Number/Street/Apt ▼ 3200 IDS Center, 80 South I	Eighth Street	1. Application for	orm de filling fee in check or money order payable of Copyrights				
	City/State/ZIP ▼ Minneapolis, Minnesota 55402 Minneapolis, Minnesota 55402 Malt TO: Dept. D-VH Vessel Hull Registration P.O. Box 71380 Washington, D.C. 20024-1380							

EXAMINED BY

CHECKED BY

7 U.S.C. §1327. Penalty for false representation. "Whoever knowingly makes a false representation materially affecting the rights obtainable under this chapter for the purpose of obtaining registration of a design under this chapter shall pay a penalty of not less than \$500 and not more than \$1,000, and any rights or privileges that individual may have in the design under this chapter shall be forfeited."

FORM D-VH



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