

CERTIFICATE OF REGISTRATION



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

Marybeth Peters

FORM VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

VAU 510-781



EFFECTIVE DATE OF REGISTRATION

05 18 01
Month Day Year

STATE CONTINUATION SHEET.

1 TITLE OF THIS WORK United States of America
TIMBERPEG DESIGN 1 ISBITSKI #4834
(NOT YET CONSTRUCTED) NATURE OF THIS WORK See Instructions
ARCHITECTURAL WORK

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. Title of Collective Work

If published in a periodical or serial give: Volume Number Issue Date On Pages

2 a NAME OF AUTHOR T-PEG, INC DATES OF BIRTH AND DEATH
Year Born Year Died

Was this contribution to the work a "work made for hire"? Yes No
AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR Citizen of U.S.A. Domiciled in
WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Anonymously? Yes No Pseudonymously? Yes No

NOTE Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that 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 of birth and death blank.

NATURE OF AUTHORSHIP Check appropriate box(es). See instructions
 3-Dimensional sculpture Map Technical drawing
 2-Dimensional artwork Photograph Text
 Reproduction of work of art Jewelry design Architectural work
 Design on sheetlike material

b NAME OF AUTHOR DATES OF BIRTH AND DEATH
Year Born Year Died

Was this contribution to the work a "work made for hire"? Yes No
AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR Citizen of Domiciled in
WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Anonymously? Yes No Pseudonymously? Yes No

NATURE OF AUTHORSHIP Check appropriate box(es). See instructions
 3-Dimensional sculpture Map Technical drawing
 2-Dimensional artwork Photograph Text
 Reproduction of work of art Jewelry design Architectural work
 Design on sheetlike material

3 a YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. 2001
b DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK Complete this information ONLY if this work has been published. Month Day Year U.S.A. Nation

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. T-PEG, INC. P.O. BOX 551 HANOVER, NH 03755

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

APPLICATION RECEIVED
MAY 18 2001
ONE DEPOSIT RECEIVED
MAY 18 2001
TWO DEPOSITS RECEIVED
FUNDS RECEIVED

MORE ON BACK Complete all applicable spaces (numbers 5-7) on the reverse side of this page. See detailed instructions. Sign the form at line 8. DO NOT WRITE HERE

EXAMINED BY

FORM VA

CHECKED BY

CORRESPONDENCE
Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

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

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) 5

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

T-PEG, INC.

DA 073091 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt./City/State/ZIP

MR. JONATHAN VINCENT, DIRECTOR OF DESIGN
TIMBERPEG DESIGN SERVICES
P.O. BOX 5481
WEST LEBANON, NH 03784

Area Code and Telephone Number ▶ 603-296-7720 EXT. 28

Be sure to
give your
daytime phone
number 8

CERTIFICATION* I, the undersigned, hereby certify that I am the

check only one

author

other copyright claimant

owner of exclusive right(s)

authorized agent of T-PEG, 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.

Typed or printed name and date If this application gives a date of publication in space 3, do not sign and submit it before that date.

MR. JONATHAN VINCENT, DIRECTOR OF DESIGN Date ▶ 5/16/01



Handwritten signature (X)

Jonathan Vincent

Mail certificate to:

Certificate will be mailed in window envelope

Name <input type="checkbox"/>	MR. JONATHAN VINCENT, DIR. OF DESIGN TIMBERPEG DESIGN SERVICES
Number/Street/Apt <input type="checkbox"/>	P.O. BOX 5481
City/State/ZIP <input type="checkbox"/>	WEST LEBANON, NH 03784

YOU MUST:

- Complete all necessary spaces
- Sign your application in space 8

SEND ALL ELEMENTS IN THE SAME PACKAGE:

1. Application form
2. Nonrefundable \$20 filing fee in check or money order payable to Register of Copyrights
3. Deposit material

MAIL TO:

Register of Copyrights
Library of Congress
Washington, D.C. 20559-6000 9

*17 U.S.C. § 505(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 408, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

Nov. 12 2003 11:16PM P17

PHONE NO. : 8028856188

FROM : VERMONT TIMBERWORKS INC