

# CONTINUATION SHEET FOR FORM MW

- This sheet should be used to complete information appearing on Form MW.
- Identify the work by completing the first section.
- Spaces are provided to identify two additional owners.
- Other information may be provided in the last space.

REGISTRATION NUMBER

**MW**

EFFECTIVE DATE OF REGISTRATION

CONTINUATION SHEET RECEIVED

(Month) (Day) (Year)

**DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY.**

**IDENTIFICATION OF CONTINUATION SHEET:** This sheet is a continuation of the application for registration on Form MW filed for the following work:

• **TITLE:** Give the title as given under the heading "Title of This Work" in space 1 of Form MW.

• **NAME AND ADDRESS OF CURRENT OWNER(S):** Give the name and address of at least one of the owners named at space 3 of Form MW.

NAME AND ADDRESS OF CURRENT OWNER(S) _____ _____ _____	CITIZENSHIP OR DOMICILE OF CURRENT OWNER(S) Citizen of: _____ or Domiciled in: _____
-----------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

**DERIVATION OF OWNERSHIP:** If the person who created the mask work which is subject matter of this application is NOT named as the owner, check one: (Note: If a company or organization is named as the current owner, one of the following boxes *must* be checked.)

- a. The owner is the employer of a person who created such mask work within the scope of his/her employment.
- b. The owner has acquired the rights by transfer from the creator, employer, or representative.
- c. The owner is the legal representative of the deceased or legally incapacitated creator.

NAME AND ADDRESS OF CURRENT OWNER(S) _____ _____ _____	CITIZENSHIP OR DOMICILE OF CURRENT OWNER(S) Citizen of: _____ or Domiciled in: _____
-----------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

**DERIVATION OF OWNERSHIP:** If the person who created the mask work which is subject matter of this application is NOT named as the owner, check one: (Note: If a company or organization is named as the current owner, one of the following boxes *must* be checked.)

- a. The owner is the employer of a person who created such mask work within the scope of his/her employment.
- b. The owner has acquired the rights by transfer from the creator, employer, or representative.
- c. The owner is the legal representative of the deceased or legally incapacitated creator.

**ADDITIONAL INFORMATION:** Indicate the Heading and the Space Number from the basic Form MW being amplified, followed by the added facts. The other side of this form may be used for additional space.