

CERTIFICATE OF RENEWAL REGISTRATION

FORM RE

UNITED STATES COPYRIGHT OFFICE

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 304 of title 17, United States Code, attests that renewal registration has been made for the work identified below. The information has been made a part of the Copyright Office records.

Diana L. Ladd

REGISTER OF COPYRIGHTS
United States of America

REGISTRATION NUMBER	
RE	128-469
EFFECTIVE DATE OF RENEWAL REGISTRATION	
..... May (Month) 4 (Day)
..... 1982 (Year)	

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

1 Renewal Claimant(s)	RENEWAL CLAIMANT(S), ADDRESS(ES), AND STATEMENT OF CLAIM: (See Instructions)	
	1	Name <i>Andre Norton</i> Address <i>682 South Lakemont, Winter Park, Fla. 32789</i> Claiming as <i>Author</i> <small>(Use appropriate statement from instructions)</small>
	2	Name Address Claiming as <small>(Use appropriate statement from instructions)</small>
	3	Name Address Claiming as <small>(Use appropriate statement from instructions)</small>

2 Work Renewed	TITLE OF WORK IN WHICH RENEWAL IS CLAIMED: <i>The stars Are Ours!</i>
	RENEWABLE MATTER: <i>Book</i>
	CONTRIBUTION TO PERIODICAL OR COMPOSITE WORK: Title of periodical or composite work: If a periodical or other serial, give: Vol. No. Issue Date

3 Author(s)	AUTHOR(S) OF RENEWABLE MATTER: <i>Andre Norton</i>
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4 Facts of Original Registration	ORIGINAL REGISTRATION NUMBER: <i>He 554</i> A150038 *	ORIGINAL COPYRIGHT CLAIMANT: <i>World Publishing Company</i>
	ORIGINAL DATE OF COPYRIGHT: • If the original registration for this work was made in published form, give: DATE OF PUBLICATION: <i>Aug. 16</i> 1954 } OR { (Month) (Day) (Year)	
		• If the original registration for this work was made in unpublished form, give: DATE OF REGISTRATION: (Month) (Day) (Year)

RE	128-469	EXAMINED BY: <i>Jd</i>	RENEWAL APPLICATION RECEIVED:	FOR COPYRIGHT OFFICE USE ONLY
		CHECKED BY:	04 MAY 1982	
		CORRESPONDENCE: <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE: 226801 MAY 4 82	
		DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>		

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RENEWAL FOR GROUP OF WORKS BY SAME AUTHOR: To make a single registration for a group of works by the same individual author published as contributions to periodicals (see instructions), give full information about each contribution. If more space is needed, request continuation sheet (Form RE/CON).

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**Renewal
for Group
of Works**

1	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	
2	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	
3	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	
4	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	
5	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	
6	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	
7	Title of Contribution: Title of Periodical: Vol. No. Issue Date Date of Publication: (Month) (Day) (Year) Registration Number:	

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: *Andre Norton*
Address: *682 S. Lakemont*
Winter Park Fla 32789
(City) (State) (ZIP)

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**Fee and
Correspondence**

CERTIFICATION: I, the undersigned, hereby certify that I am the: (Check one)

renewal claimant

duly authorized agent of:

(Name of renewal claimant)

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: (X) *Andre Norton*

Typed or printed name: *Andre Norton*

Date: *5/27/82*

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**Certification
(Application
must be
signed)**

Andre Norton
(Name)

682 South Lakemont
(Number, Street and Apartment Number)

Winter Park Fla 32789
(City) (State) (ZIP code)

**MAIL
CERTIFICATE
TO**

**(Certificate will
be mailed in
window envelope)**

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**Address for
Return of
Certificate**