

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM PA

UNITED STATES COPYRIGHT OFFICE

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

Barbara Ringer

Register of Copyrights
United States of America

REGISTRATION NUMBER

PA

PA

34-026

PAU

EFFECTIVE DATE OF REGISTRATION

Feb. 6, 1979
(Month) (Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM PA/CON)

1 Title	TITLE OF THIS WORK:	NATURE OF THIS WORK: (See instructions)
	UMENTA	MUSICAL WORKS
PREVIOUS OR ALTERNATIVE TITLES:		
MUSIC; EN FOUR FEMININE OCTAVES		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work 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 blank.		
	1	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:
		Was this author's contribution to the work a "work made for hire"? Yes..... No. <input checked="" type="checkbox"/>	Born 1944 Died..... (Year) (Year)
		AUTHOR'S NATIONALITY OR DOMICILE:	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
		Citizen of U.S. <input checked="" type="checkbox"/> or { Domiciled in..... (Name of Country) (Name of Country)	Anonymous? Yes..... No. <input checked="" type="checkbox"/> Pseudonymous? Yes..... No. <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
		MUSIC SCORE	
	2	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:
		Was this author's contribution to the work a "work made for hire"? Yes..... No.....	Born..... Died..... (Year) (Year)
		AUTHOR'S NATIONALITY OR DOMICILE:	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
		Citizen of..... or { Domiciled in..... (Name of Country) (Name of Country)	Anonymous? Yes..... No..... Pseudonymous? Yes..... No..... If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
3	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:	
	Was this author's contribution to the work a "work made for hire"? Yes..... No.....	Born..... Died..... (Year) (Year)	
	AUTHOR'S NATIONALITY OR DOMICILE:	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
	Citizen of..... or { Domiciled in..... (Name of Country) (Name of Country)	Anonymous? Yes..... No..... Pseudonymous? Yes..... No..... If the answer to either of these questions is "Yes," see detailed instructions attached.	
	AUTHOR OF: (Briefly describe nature of this author's contribution)		

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:	DATE AND NATION OF FIRST PUBLICATION:
	Year 1977 (This information must be given in all cases.)	Date: SAME. JAN. 31. 1978 (Month) (Day) (Year) Nation: U.S. <input checked="" type="checkbox"/> (Name of Country) (Complete this block ONLY if this work has been published.)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):
	DR. STEPHEN EARLE DIAMOND ESQ C.O. POST OFFICE BOX 99238 SAN FRANCISCO CALIFORNIA 94109
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages

PA 34-026	EXAMINED BY: <i>JH</i> CHECKED BY: <i>JH</i>	APPLICATION RECEIVED: MAY 15 1979	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: 06 FEB 1979 06 FEB 1979	
	DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE: 136019 06 FEB 1979	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM PA/CON)

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)
 - ☐ This is the first published edition of a work previously registered in unpublished form.
 - ☐ This is the first application submitted by this author as copyright claimant.
 - ☐ This is a changed version of the work, as shown by line 6 of the application.
- If your answer is "Yes," give: Previous Registration Number Year of Registration

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Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

N/A

PREEXISTING MATERIAL: (Identify any preexisting work or works that the work is based on or incorporates.)

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

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Compilation
or
Derivative
Work

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: GONDIA CORPORATION INC. C/O L.P.D.

Address: POST OFFICE BOX 99238 (Apt.)

SAN FRANCISCO CAL 94109 (City) (State) (ZIP)

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Fee and
Correspondence

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

- ☒ author ☐ other copyright claimant ☐ owner of exclusive right(s) ☐ authorized agent of: (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.



Handwritten signature: (X) STEPHEN E. DIAMOND

Typed or printed name: Date: 10-5-1979

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Certification
(Application
must be
signed)

DR. STEPHEN EARLE DIAMOND esq. (Name)

C/O POST OFFICE BOX 99238 (Number, Street and Apartment Number)

SAN FRANCISCO CAL 94109 (City) (State) (ZIP code)

MAIL
CERTIFICATE
TO

21 JUN 1979

(Certificate will
be mailed in
window envelope)

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Address
For Return
of
Certificate