

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.



David L. Lidd

REGISTER OF COPYRIGHTS
United States of America

REGISTRATION NUMBER	
RE	184-091
EFFECTIVE DATE OF RENEWAL REGISTRATION	
(Month)	OCT 21 1983 (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 Lakewood, Winter Park, Fla 32792</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>Star Guard</i>
	RENEWABLE MATTER:
	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>A199795*</i>	ORIGINAL COPYRIGHT CLAIMANT: <i>Harcourt, Brace & Co.</i>
	ORIGINAL DATE OF COPYRIGHT: • If the original registration for this work was made in published form, give: August 25, 1955* DATE OF PUBLICATION: <i>Aug. 25, 1955</i> } OR { • If the original registration for this work was made in unpublished form, give: DATE OF REGISTRATION: (Month) (Day) (Year)	

RE

184-091

EXAMINED BY: *SW*

CHECKED BY:

RENEWAL APPLICATION RECEIVED:

21 OCT 1983

DEPOSIT ACCOUNT FUNDS USED:



REMITTANCE NUMBER AND DATE:

18602 OCT 21 83

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

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. Lake Mont*

Winter Park, Fla 32792 (Apt.)

(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:

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Certification (Application must be signed)

Miss Andre Norton (Name)

682 S. Lake Mont (Number, Street and Apartment Number)

Winter Park, Fla 32792 (City) (State) (ZIP code)

MAIL CERTIFICATE TO

(Certificate will be mailed in window envelope)

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Address for Return of Certificate