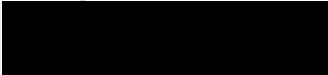




THOMAS KINKADEE<sup>TM</sup>  
C O M P A N Y

August 21, 2007

VIA EMAIL (PDF)  
VIA REGULAR U.S. MAIL

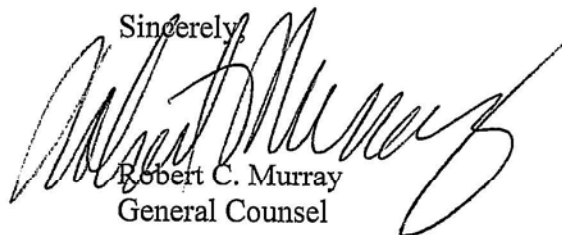
George Goff  


Dear Mr. Goff,

This is to confirm that in accordance with the Settlement Agreement between, among others, you and the company, you and your wife hold the exclusive rights to the Robert Girrard images "An Evening Out," "Boating Day," and "Paris Snowfall" as further clarified in the final Decision and Award of Judge Smith dated August 13, 2007.

You may provide a copy of this letter to any third party that wishes to verify that you are the rights holders to those three images (e.g., to eBay for purposes of utilizing eBay's Verified Rights Owner Program (VeRO)).

Sincerely,



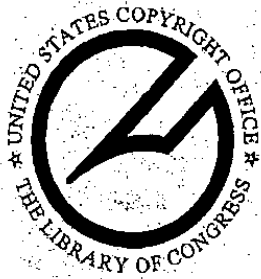
Robert C. Murray  
General Counsel

*Share the Light*

900 LIGHTPOST WAY MORGAN HILL, CA 95037  
PHONE: 800.366.3733 FAX: 408.201.5005  
www.thomaskinkadee.com

# CERTIFICATE OF REGISTRATION

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



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*



EFFECTIVE DATE OF REGISTRATION

FEB 16 2000  
 Month Day Year

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

TITLE OF THIS WORK ▼

NATURE OF THIS WORK ▼ See Instructions

Oil Painting

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 ▼

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 ► United States  
 Domiciled in ► California

1958  
 WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No

NATURE OF AUTHORSHIP Check appropriate box(es). See Instructions

- 3-Dimensional sculpture
- 2-Dimensional artwork
- Reproduction of work of art
- Design on sheetlike material
- Map
- Photograph
- Jewelry design
- Technical drawing
- Text
- Architectural work

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  
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 Pseudonymous?  Yes  No

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- 2-Dimensional artwork
- Reproduction of work of art
- Design on sheetlike material
- Map
- Photograph
- Jewelry design
- Technical drawing
- Text
- Architectural work

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED  
 1989

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
 Month ► 9 Day ► 19 Year ► 1989  
 United States

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Thomas Kinkade  
 C/O Media Arts Group, Inc.  
 521 Charcot Ave., San Jose, California 95131

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  
 FEB. 16. 2000

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED  
 FEB. 16. 2000

FUNDS RECEIVED

MORE ON BACK ► • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.  
 • See detailed instructions. • Sign the form at line 8.

DO NOT WRITE HERE  
 Page 1 of \_\_\_\_\_ pages

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) ▼

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 space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼ Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.  
Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

6

See instructions  
before completing  
this space.

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. ▼

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 ▼

7

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

Robert P. Ducatman, Esq.

Jones, Day, Reavis & Pogue

North Point, 901 Lakeside Avenue

Cleveland, Ohio 44114

Area Code and Telephone Number ▶ 216/586-7144

Be sure to  
give your  
daytime phone  
number

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 Thomas Kinkade

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

The work identified in this application and that the statements made  
therein in this application are correct to the best of my knowledge.

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

Robert P. Ducatman

Date ▶ 2/15/2000

Handwritten signature (X) ▼

*Robert P. Ducatman*

1  
Indicate  
Indicate  
be  
led in  
low  
slope

Name ▼	Robert P. Ducatman, Esq., Jones, Day, Reavis & Pogue
Number/Street/Apt ▼	North Point, 901 Lakeside Ave.
City/State/ZIP ▼	Cleveland, Ohio 44114

**YOU MUST**

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

**SEND ALL 3 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. § 506(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 accordance with the application, shall be fined not more than \$2,500.

# 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**  
 Copyright Office of the Visual Arts  
 UNITED STATES COPYRIGHT OFFICE



EFFECTIVE DATE OF REGISTRATION

FEB 16 2000  
 Month Day Year

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

**1** TITLE OF THIS WORK ▼

[Redacted]

NATURE OF THIS WORK ▼ See instructions

Oil Painting

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 ▼

[Redacted]

DATES OF BIRTH AND DEATH  
 Year Born ▼ Year Died ▼

1958

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

AUTHOR'S NATIONALITY OR DOMICILE  
 Name of Country

OR { Citizen of United States  
 Domiciled in California

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No

NATURE OF AUTHORSHIP. Check appropriate box(es). See instructions

- 3-Dimensional sculpture
- 2-Dimensional artwork
- Reproduction of work of art
- Design on sheetlike material
- Map
- Photograph
- Jewelry design
- Technical drawing
- Text
- Architectural work

**b** NAME OF AUTHOR ▼

[Redacted]

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 \_\_\_\_\_

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- Reproduction of work of art
- Design on sheetlike material
- Map
- Photograph
- Jewelry design
- Technical drawing
- Text
- Architectural work

**3 a** YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1989

**b** DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Month April Day 14 Year 1989

Nation United States

**4** COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Thomas Kinkadee  
C/O Media Arts Group, Inc.  
521 Charcot Ave. San Jose California 95131

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  
FEB 16 2000  
 ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED  
FEB 16 2000  
 FUNDS RECEIVED

MORE ON BACK ▶ Complete all applicable spaces (numbers 5-9) on the reverse side of this page.  
 • See detailed instructions. • Sign the form at line 9.

DO NOT WRITE HERE  
 Page 1 of 2 pages

EXAMINED BY *[Signature]*

FOR: A VA

CHECKED BY *[Signature]*

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) ▼

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 space 6 on this application.

your answer is "Yes," give: Previous Registration Number ▼ Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.  
Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

6

See instructions  
before completing  
this space.

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. ▼

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 ▼

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Robert P. Ducatman, Esq.  
Jones, Day, Reavis & Pogue  
North Point, 901 Lakeside Avenue  
Cleveland, Ohio 44114

Area Code and Telephone Number ▶ 216/586-7144

Be sure to  
give your  
daytime phone  
number

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

author

other copyright claimant

owner of exclusive right(s)

authorized agent of Thomas Kinkade

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

the work identified in this application and that the statements made  
me in this application are correct to the best of my knowledge.

signed 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.

Robert P. Ducatman

Date ▶ 2/15/2000

Handwritten signature (X) ▼

*Robert P. Ducatman*

9

to  
affixate

Name ▼  
Robert P. Ducatman, Esq., Jones, Day, Reavis & Pogue

to  
affixate  
be  
sealed in  
an  
envelope

Number/Street/Apt. ▼  
North Point, 901 Lakeside Avenue  
City/State/ZIP ▼  
Cleveland, Ohio 44114

YOU MUST:

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

SEND ALL 3 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. 20559-8000

17 U.S.C. § 506(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 by a copyright owner in connection with the application, shall be fined not more than \$2,500.

Copyright © 1995-2000 U.S. GOVERNMENT PRINTING OFFICE: 1-95-387-237/41

# CERTIFICATE OF REGISTRATION

**FORM VA**  
Work of the Visual Arts  
UNITED STATES COPYRIGHT OFFICE



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.

*Margbeth Peters*

VAU 468-945



EFFECTIVE DATE OF REGISTRATION

FEB 17 2000

Month Day Year

REGISTER OF COPYRIGHTS  
OFFICE OF THE UNITED STATES OF AMERICA  
DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**1** TITLE OF THIS WORK ▼ [REDACTED] NATURE OF THIS WORK ▼ See Instructions  
oil painting

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 ▼ [REDACTED] DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼  
1958

Was this contribution to the work a "work made for hire"?

Yes  
 No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country

OR { Citizen of ► United States  
Domiciled in ► California

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous?  Yes  No  
Pseudonymous?  Yes  No

If the answer to either of these questions is "Yes," see detailed instructions.

## 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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 3-Dimensional sculpture          | <input type="checkbox"/> Map            | <input type="checkbox"/> Technical drawing  |
| <input checked="" type="checkbox"/> 2-Dimensional artwork | <input type="checkbox"/> Photograph     | <input type="checkbox"/> Text               |
| <input type="checkbox"/> Reproduction of work of art      | <input type="checkbox"/> Jewelry design | <input type="checkbox"/> Architectural work |
| <input type="checkbox"/> Design on sheetlike material     |   |   |

**b** NAME OF AUTHOR ▼ [REDACTED] 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

Anonymous?  Yes  No  
Pseudonymous?  Yes  No

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NATURE OF AUTHORSHIP Check appropriate box(es). See Instructions

- |   |   |   |
|---|---|---|
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| <input type="checkbox"/> 2-Dimensional artwork        | <input type="checkbox"/> Photograph     | <input type="checkbox"/> Text               |
| <input type="checkbox"/> Reproduction of work of art  | <input type="checkbox"/> Jewelry design | <input type="checkbox"/> Architectural work |
| <input type="checkbox"/> Design on sheetlike material |   |   |

**3 a** YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. 1988 Year  
**b** DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK Complete this information ONLY if this work has been published. Month ► 2 Day ► 4 Year ► 1989  
United States 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. ▼

Thomas Kinkadee  
c/o Media Arts Group, Inc.  
521 Charcot Ave, San Jose California 95131

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

FEB 17 2000

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TWO DEPOSITS RECEIVED

FEB 17 2000

FUNDS RECEIVED

DO NOT WRITE HERE OFFICE USE ONLY

MORE ON BACK ► Complete all applicable spaces (numbers 5-9) on the reverse side of this page. See detailed instructions. Sign the form at line 8.

DO NOT WRITE HERE

EXAMINED BY \_\_\_\_\_ FOR: 4 VA  
 CHECKED BY \_\_\_\_\_  
 CORRESPONDENCE  
 Yes

FOR  
COPYRIGHT  
OFFICE  
USE  
ONLY

\* Deleted by C.O. by authority of phone conversation on June 22, 2000 with Mr. Robert Ducatman.

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?  
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5

**DERIVATIVE WORK OR COMPILATION** Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.

6a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

6b. 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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See instructions before completing this space.

**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 ▼

7

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

Robert P. Ducatman, Esq.  
 Jones, Day, Reavis & Pogue  
 North Point, 901 Lakeside Avenue  
 Cleveland, Ohio 44114

Area Code and Telephone Number ▶ 216/586-7144

Be sure to give your daytime phone number

**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 Thomas Kinkade

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

If 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.  
Robert P. Ducatman Date ▶ 2/14/2000

8

Handwritten signature (X) ▼

All certificate to be enclosed in window envelope

Name ▼ Robert P. Ducatman, Esq. Jones, Day, Reavis & Pogue
Number/Street/Apt. ▼ North Point, 901 Lakeside Avenue
City/State/ZIP ▼ Cleveland, Ohio 44114

**YOU MUST:**

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

**SEND ALL 3 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

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

9