

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	
TX TX	236-838
TXU	TXU
EFFECTIVE DATE OF REGISTRATION	
Month 1	Day 13 Year 78

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

1 Title	TITLE OF THIS WORK:		PREVIOUS OR ALTERNATIVE TITLES:
	NARCOTICS ANONYMOUS		
	If a periodical or serial give: Vol. No. Issue Date		
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: Vol. No. Date Pages			

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: C.A.R.E.N.A. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No	DATES OF BIRTH AND DEATH: Born Died
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of <u>U.S.A.</u> (Name of Country) or Domiciled in <u>U.S.A.</u> (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input checked="" type="checkbox"/> 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)	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born Died
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AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1976 (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date June 1 1976 (Month) (Day) (Year) Nation U.S.A. (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): C.A.R.E.N.A. 10717 SHERMAN WAY SUN VALLEY, CA. 91352
	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.)

CHECKED BY: <u>1/13/78</u>	DEPOSIT RECEIVED: <u>1/13/78 - 2c</u>	FOR COPYRIGHT OFFICE USE ONLY
CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE <u>81849 1/13/78</u>	
DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>		

TX 236-838

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/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 X.....
- 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 this application.
- If your answer is "Yes," give: Previous Registration Number..... Year of Registration.....

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this 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.)

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS
LEADING PRINTERS.....

PLACES OF MANUFACTURE

11114 Mc Cormick St.
North Hollywood, Ca 91352

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

☒ Copies and phonorecords

☐ Copies Only

☐ Phonorecords Only

8

License
For
Handicapped

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: WORLD SERVICE OFFICE INC.
Address: 10717 SHERMAN WAY
SUN VALLEY, CA 91352
(City) (State) (ZIP)

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) C.A.R.E.N.A. AND

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

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) James P. Kinnon

Typed or printed name: JAMES P. KINNON

Date 1/25/78

10

Certification
(Application must be signed)

WORLD SERVICE OFFICE INC.
10717 SHERMAN WAY

(Number, Street and Apartment Number)

SUN VALLEY, CA 91352

(City) (State) (ZIP code)

MAIL
CERTIFICATE
TO

(Certificate will be mailed in window envelope)

11

Address
For Mailing
of
Certificate

CERTIFICATE OF COPYRIGHT REGISTRATION

Form 1a
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	
TX	284-901
TXU	
EFFECTIVE DATE OF REGISTRATION	
1	13 78
Month	Day Year

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

1 Title	TITLE OF THIS WORK:	PREVIOUS OR ALTERNATIVE TITLES:
	ANOTHER LOOK.	
	If a periodical or serial give: Vol. No. Issue Date	
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.)		
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	1	NAME OF AUTHOR: C.A.R.E.N.A. X Was this author's contribution to the work a "work made for hire"? Yes. No. AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. } or { Domiciled in U.S.A. (Name of Country) (Name of Country) AUTHOR OF: (Briefly describe nature of this author's contribution)
	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)	
	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes X No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached.	
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	Year 1976 (This information must be given in all cases.)	Date June 1 1976 U.S.A. (Month) (Day) (Year) Nation (Name of Country) (Complete this block ONLY if this work has been published.)

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CHECKED BY:.....	1AN 2979 3/15/78	FOR COPYRIGHT OFFICE USE ONLY
CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: 1/13/78 - 2c	
DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE 81849 1/13/78	

TX

284-901

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- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes..... No **X**.....
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NAMES OF MANUFACTURERS

PLACES OF MANUFACTURE

LEARNING PRINTERS.

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North Hollywood, Ca. 91603

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License
For
Handicapped

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Name:.....
Account Number:.....

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name:..... WORLD SERVICE OFFICE INC.....

Address:..... 10717 Sherman Way..... (Apt.)

Sun Valley, Ca. 91352

(City)

(State)

9 (ZIP)

9

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: C.A.R.E.N.A. AND WORLD SERVICE OFFICE INC.

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)

Typed or printed name: JAMES P. KINWON

Date 1/25/79

10

Certification
(Application must be signed)WORLD SERVICE OFFICE INC.
10717 SHERMAN WAY

SUN VALLEY, CA. 91352

(City)

(State)

(ZIP code)

MAIL
CERTIFICATETO
03 AUG 1979(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
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CERTIFICATE OF COPYRIGHT REGISTRATION

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United States of America

REGISTRATION NUMBER	
TX	284-899
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
Jan	13 78
Month	Day Year

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	(This information must be given in all cases.)	(Complete this block ONLY if this work has been published.)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): C.A.R.E.N.A. 10717 Sherman Way Sun Valley, Ca. 91352
	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.)

CHECKED BY:	JAN 29 1979	3/15/78
CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: Jan. 13/78 - 2c	
DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE 81849 1/13/78	

FOR
COPYRIGHT
OFFICE
USE
ONLY

TX 284-899

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Correspond-
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WORLD SERVICE OFFICE INC.

(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) JAMES P. KINON

Typed or printed name: JAMES P. KINON Date: 1/25/79

10

Certification
(Application
must be
signed)

WORLD SERVICE OFFICE INC.
10717 SHERMAN WAY

(Number, Street and Apartment Number)
SUN VALLEY, CA. 91352

(City) (State) (ZIP code)

MAIL
CERTIFICATE
TO

03 AUG 1979
be mailed in
window envelope)

11

Address
For Return
of
Certificate

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	
TX 1	236-839
TXU	
EFFECTIVE DATE OF REGISTRATION	
JAN 4	1978
Month	Day Year

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

1 Title	TITLE OF THIS WORK:	PREVIOUS OR ALTERNATIVE TITLES:
	THE N.A. TREE.	
	If a periodical or serial give: Vol. No. Issue Date	
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: Vol. No. Date Pages		

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.	
	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:
	C.A.R.E.N.A.	Born Died
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No	
	AUTHOR'S NATIONALITY OR DOMICILE:	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	1 Citizen of U.S.A. } or } Domiciled in U.S.A.	Anonymous? Yes <input checked="" type="checkbox"/> No
	(Name of Country)	(Name of Country)
	AUTHOR OF: (Briefly describe nature of this author's contribution)	Pseudonymous? Yes <input type="checkbox"/> No
	If the answer to either of these questions is "Yes, see detailed instructions attached."	
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:	
2	Was this author's contribution to the work a "work made for hire"? Yes No	
AUTHOR'S NATIONALITY OR DOMICILE:	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
Citizen of } or } Domiciled in	Anonymous? Yes No	
(Name of Country)	(Name of Country)	
AUTHOR OF: (Briefly describe nature of this author's contribution)	Pseudonymous? Yes No	
If the answer to either of these questions is "Yes, see detailed instructions attached."		
NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:	
3	Was this author's contribution to the work a "work made for hire"? Yes No	
AUTHOR'S NATIONALITY OR DOMICILE:	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
Citizen of } or } Domiciled in	Anonymous? Yes No	
(Name of Country)	(Name of Country)	
AUTHOR OF: (Briefly describe nature of this author's contribution)	Pseudonymous? Yes No	
If the answer to either of these questions is "Yes, see detailed instructions attached."		

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:	DATE AND NATION OF FIRST PUBLICATION:
	Year 1976	Date June 1 1976
(This information must be given in all cases.)		Month (Day) (Year)
		Nation U.S.A.
		(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):
	C.A.R.E.N.A. 10717 Sherman Way Sun Valley, Ca. 91352
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.)	

TX 236-839		AFTER RECEIVED Jan 29 79 3/15/78 CHECKED BY: CORRESPONDENCE: <input checked="" type="checkbox"/> Yes DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/> DEPOSIT RECEIVED: 1/13/78 - 20 REMITTANCE NUMBER AND DATE: 81849 1/13/78	FOR COPYRIGHT OFFICE USE ONLY
------------	--	--	---

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/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. <u>X</u> • If your answer is "Yes," why is another registration being sought? (Check appropriate box) <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form. <input type="checkbox"/> This is the first application submitted by this author as copyright claimant. <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of this application. • If your answer is "Yes," give: Previous Registration Number Year of Registration	5 Previous Registration
---	--------------------------------------

COMPILATION OR DERIVATIVE WORK: (See instructions) PREEXISTING MATERIAL: (Identify any preexisting work or works that this 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.)	6 Compilation or Derivative Work
---	---

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)		7 Manufacture
NAMES OF MANUFACTURERS LEARNING PRINTERS	PLACES OF MANUFACTURE 11114 Mc Cormick St. North Hollywood, Ca. 91603	

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions) • Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile) symbol; or (2) phonorecords embodying a fixation of reading of that work; or (3) both. <input checked="" type="checkbox"/> Copies and phonorecords <input type="checkbox"/> Copies Only <input type="checkbox"/> Phonorecords Only	8 License For Handicapped
--	---

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: WORLD SERVICE OFFICE INC. Address: 10717 Sherman Way (City) Sun Valley, Ca. 91352 (ZIP)	9 Fee and Correspondence
---	--	---------------------------------------

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) <input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> owner of exclusive right(s) <input checked="" type="checkbox"/> authorized agent of: C.A.R.E.N.A. AND WORLD SERVICE OFFICE INC. 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: <u>JAMES P. KINNON</u> Typed or printed name: JAMES P. KINNON Date 1/25/79	10 Certification (Application must be signed)
--	--

WORLD SERVICE OFFICE INC. 10717 SHERMAN WAY SUN VALLEY, CA. 91352	MAIL CERTIFICATE TO JUN 1979 (Certificate will be mailed in window envelope)	11 Address For Return of Certificate
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BILL TO: (ATTY. BANK OR AGENT) NAME _____ ADDRESS _____ CITY _____		PUBLISH IN: <div style="border: 1px solid black; padding: 5px; text-align: center;">COUNTY CLERK'S FILING STAMP</div>	
REMEMBER 1. Submit Original and 3 copies. 2. Filing Fee is \$10.00 for the first name and \$2.00 for each additional name filed on the same statement. 3. Provide <u>return Envelope</u> , if needed. 4. Remove Carbon before mailing.		SEE REVERSE SIDE FOR INSTRUCTIONS	
FICTITIOUS BUSINESS NAME STATEMENT THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:			
1..	Fictitious Business Name(s) <u>C.A.R.E.N.A. (Care Narcotics Anonymous.)</u>		
2..	Street Address, City & State of Principal place of Business in California <u>8061 Vineland Avenue Sun Valley, CA.</u> Zip Code <u>91352</u>		
3..	Full name of Registrant (if corporation - show state of incorporation) <u>World Service Office, Inc. of Narcotics Anonymous. CA.</u>		
	Residence Address City State Zip Code <u>8061 Vineland Ave Sun Valley, CA. 91352</u>		
	Full name of Registrant (if corporation - show state of incorporation) 		
	Residence Address City State Zip Code 		
	Full name of Registrant (if corporation - show state of incorporation) 		
	Residence Address City State Zip Code 		
	Full name of Registrant (if corporation - show state of incorporation) 		
	Residence Address City State Zip Code 		
4.	This business is conducted by () an individual () a general partnership () a limited partnership () an unincorporated association other than a partnership <input checked="" type="checkbox"/> a corporation () a business trust (CHECK ONE ONLY)		
5.	If Registrant a corporation sign below: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signed _____ Typed or Printed _____ </div> <div style="width: 50%;"> Corporation Name <u>World Service Off, Inc of N.A.</u> Signature & Title <u>Phillip Ray - President</u> </div> </div>		
This statement was filed with the County Clerk of _____ County on date indicated by file stamp above.			
6. New Fictitious Business Name Statement <input type="checkbox"/>		I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.	
7. Refile - Statement expires December 31. <input checked="" type="checkbox"/>		BY _____ COUNTY CLERK _____ DEPUTY	

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

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.

Another Look
Narrative Group, Inc.

REGISTRATION NUMBER	
TX	236-838
EFFECTIVE DATE OF REGISTRATION	
Month	Day Year
1	13 78

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

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.

NATREE

Barbara Ringer

REGISTRATION NUMBER	
TX	236-839
EFFECTIVE DATE OF REGISTRATION	
Month	Day Year
JAN	13 78

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

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.

To You Love and Cuddles

Barbara Ringer

REGISTRATION NUMBER	
TX	284-899
EFFECTIVE DATE OF REGISTRATION	
Month	Day Year
JAN	13 78

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX

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.

Another Look

Barbara Ringer

REGISTRATION NUMBER	
TX	284-901
EFFECTIVE DATE OF REGISTRATION	
Month	Day Year
1	13 78

Form **872-C**
(Rev. May 1977)

Department of the Treasury—Internal Revenue Service

**Consent Fixing Period of Limitation
Upon Assessment of Tax Under Section
4940 of the Internal Revenue Code**
(See instruction 2 of Part IV—Form 1023 instructions.)

To be used
with Form
1023 only.
Submit in
duplicate.

Pursuant to section 6501(c)(4) of the Internal Revenue Code and as part of a request submitted with Form 1023, that the within designated organization be treated as a publicly supported organization within the meaning of section 170(b)(1)(A)(vi) or section 509(a)(2) during an extended advance ruling period,

NARCOTICS ANONYMOUS

(Name of organization)

District Director

and the

10717 SHERMAN WAY

SUN VALLEY, CA 91352

(Number, street, city or town, State and ZIP code)

consent and agree as follows:

The period of limitation upon assessment of the tax imposed under section 4940 of the Code for any taxable year within the advance ruling period as extended shall not expire prior to one year from the date of expiration of the time prescribed by law for the assessment of a deficiency for the last taxable year within the advance ruling period, as extended, to wit (check one)—

☒ First taxable year at least 8 months: The period of limitations for the first 5 taxable years shall extend 8 years, 4 months, 15 days beyond the end of the first taxable year.

☐ First taxable year less than 8 months: The period of limitations for the first 6 taxable years shall extend 9 years, 4 months, 15 days beyond the end of the first taxable year,

except that if a notice of deficiency in tax for any such years is sent to the organization before expiration of such period, the time for making an assessment shall be further extended for the period in which the making of an assessment is prohibited and for 60 days thereafter.

Ending date of first taxable year: ~~2 FEBRUARY 28 1978~~

Name of organization

Narcotics Anonymous

Date

3/22/78

Officer or trustee having authority to sign

Signature

James P. Keimor Sr.

District Director

**W. H. CONNETT
DISTRICT DIRECTOR**

Date

MAY 11 1978

By

A. W. Jordan

GROUP MANAGER

District Director

Internal Revenue Service

Date:

May 4, 1978

In reply refer to: EUG-2: D: WTM

FL-1331, Code ~~XXXX~~

(213) 688-4152

W. T. Mabry

World Service Office, Inc.
10717 Sherman Way
SunValley, CA 91352

In Reference to: Form 1023

Gentlemen:

It will be necessary for you to amend your

Please add or amend your existing provisions in order to conform to the items checked below:

☐ Upon the winding up and dissolution of this corporation, after paying or adequately providing for the debts and obligations of the corporation, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation, which is organized and operated exclusively for charitable, educational, or religious and/or scientific purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

☐ No part of the net earnings of this corporation shall ever inure to or for the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the exempt purposes for which it was formed.

☒ Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954.

If you are not incorporated, insert the word "association" in place of "corporation" in the foregoing amendments.

Amendments made by associations must be signed by an authorized officer. Amendments made by corporations must be endorsed by the Secretary of State of the state in which they are incorporated.

Please provide the items requested within 30 days.

Sincerely yours,

District Director

FL-1331 (6-72)

Internal Revenue Service

Department of the Treasury

Director

P.O. Box 2350 Los Angeles, Calif. 90053

World Service Office, Inc.
10717 Sherman way
Sun Valley, California 91352

Person to Contact:

W. T. Mabry

Telephone Number:

(213) 688-4152

Refer Reply to:

EP/EO: EOG-2: D: WTM

Date:

May 4, 1978

Dear Mr Kinnon:

Per our telephone conversation on the above date, we are enclosing Form 1331 regarding the amendment of your articles of incorporation.

Please submit a copy of the conformed copy bearing evidence of having been filed with and approved by the appropriate State officials.

Thank you for your cooperation.

Very truly yours,

W. T. Mabry
(Mrs.) W.T. Mabry
Tax Auditor

Enclosure:
FL-1331

LA:FOR/H: 869

Internal Revenue Service

MAY 11 1978

L-331, Code 333MEOC-2

Determination Section (213) 688-4553

World Service Office, Inc.
10717 Sherman Way
Sun Valley, California 91352

Accounting Period Ending: February 28
Form 990 Required: ☒ Yes ☐ No
Advance Ruling Period Ends: February 28, 1982

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization of the type described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization so long as you continue to meet the requirements of the applicable support test. If, however, you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, in the event you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. In addition, if you submit the required information