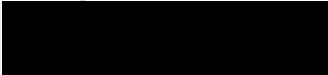




THOMAS KINKADEETM
C O M P A N Y

August 21, 2007

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

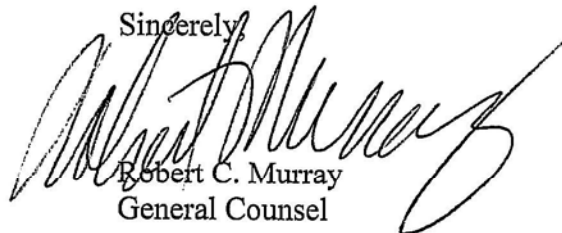
George Goff


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 the 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

An Evening Out 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 **▼**

Thomas Kinkade whose pseudonym is Robert Gurrard 1958
 Was this contribution to the work a "work made for hire"? Yes No
 AUTHOR'S NATIONALITY OR DOMICILE Name of Country: United States
 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 Map Technical drawing
 2-Dimensional artwork Photograph Text
 Reproduction of work of art Jewelry design Architectural work
 Design on sheetlike material

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
 Anonymous? Yes No
 Pseudonymous? Yes No

NATURE OF AUTHORSHIP Check appropriate box(es). See Instructions
 3-Dimensional sculpture Map Technical drawing
 2-Dimensional artwork Photograph Text
 Reproduction of work of art Jewelry design Architectural work
 Design on sheetlike material

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
 Complete this information ONLY if this work has been published. United States Nation

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.

Margybeth Peters

FORM VA
 Copyright Office of the Visual Arts
 UNITED STATES COPYRIGHT OFFICE

REG

VA 985-830



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 ▼

Boating Day

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 ▼

Thomas Kinkade whose pseudonym is Robert Gurrard

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

2 b NAME OF AUTHOR ▼

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 ►

DATES OF BIRTH AND DEATH
 Year Born ▼ Year Died ▼

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

3 a YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED
 1989

3 b DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
 Month ► April Day ► 14 Year ► 1989
 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 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 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 ▼

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

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
affix

to
affix
be
lined
in
dow
velope

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

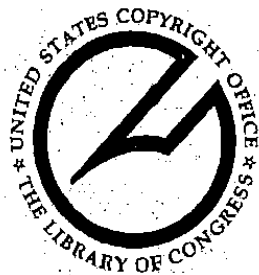
MAIL TO:

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.

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.

Marybeth 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 ▼ Paris Snowfall 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 ▼ Thomas Kinkade whose pseudonym is Robert Gurrard DATES OF BIRTH AND DEATH
Year Born ▼ 1958 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
WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No

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

b 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
Anonymous? Yes No
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Check appropriate box(es). See Instructions
 3-Dimensional sculpture Map Technical drawing
 2-Dimensional artwork Photograph Text
 Reproduction of work of art Jewelry design Architectural work
 Design on sheetlike material

3 a YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. 1988
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 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 17 2000
ONE DEPOSIT RECEIVED
TWO DEPOSITS RECEIVED
FEB 17 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

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?
 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.

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. ▼

6

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

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

9