## Additional Certificate (17 U.S.C. 706) Certificate of Registration

## FORM CA UNITED STATES COF YRIGHT 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.

TX 4-686-210

TX TXU PA PAU VA VALI SR SRU RE

Effective Date of Suppleme It ary Registrate

MAR. 20 1998

MONTH DAY YEAR

Maria A. Pallante

	Register of Copyrights, United States of A	Amorica		
	DO NOT WRITE ABOVE THIS LINE—FO	OR COPYRIGHT OFFICE USE		
(A)	TITLE OF WORK: The Java Programming Language			
Basic structions	REGISTRATION NUMBER OF BASIC REGISTRATION: TX 4 311 801	YEAR OF BASIC REGISTRATION: 1996		
	NAME(S) OF AUTHOR(S):  Ken Arnold  James Gosling	NAME(S) OF COPYRIGHT CLAIMANT(S): Sun Microsystems Inc.,		
B	LOCATION AND NATURE OF INCORRECT INFORMATION IN BASIC REGISTRATION:  Line Number 2 a & b. Line Heading or Description Name of Author			
orrection	INCORRECT INFORMATION AS IT APPEARS IN BASIC REGISTRATION:  Ken Arnold - coauthor of entire work - wfh = no  James Gosling - coauthor of entire work - wfh = no			
	CORRECTED INFORMATION: Sun Microsystems Inc., wfh = Yes			
	EXPLANATION OF CORRECTION: (Optional)			
( <b>c</b> )	Line Number Line Heading or Description			
mplification				
		UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA		
		TRIAL EXHIBIT 596  CASE NO. 10-03561 WHA DATE ENTERED		
		BY		
	EXPLANATION OF AMPLIFIED INFORMATION: (Ciptional)			

	CHECKED BY B	MAR 20.1990	FOR COPYRIGHT OFFICE
	COFIRESPONDENCE:  [] YES  REFIRENCE TO THIS REGISTRATION ADDED TO BASIC REGISTRATION:  [] YES	REMITTANCE NUMBER AND DA'E:  N  DEPOSIT ACCOUNT FUNDS JSED:	USE
DO NOT	WRITE ABOVE THIS LINE: FOR COPYRIGH	IT OFFICE USE ONLY	4040854
CONTINUATION OF: (Check which) PART B O			Continuation
DEPOSIT ACCOUNT: If the registration fee is to be Account  Addison Wesley Longman		the Copyright Office, give name and number of DA025585	E
Name  CORRESPONDENCE: Give name and address to wh	ich correspondence should be sent:		Mailing
Name  CORRESPONDENCE: Give name and address to wh Timothy Nicholls, Address  Address One Jacob Way, (Number and Street)  CERTIFICATION * 1. the undersigned, hereby certification	ich correspondence should be sent: dison Wesley Longman  Reading, MA 01867  (City)	Apt. No	Account and Mailing Instructions
CORRESPONDENCE: Give name and address to whe Timothy Nicholls, Address One Jacob Way, (Number and Street,)  CERTIFICATION * 1. the undersigned, hereby certification of the work identified in this application and that the states.	ich correspondence should be sent:  dison Wesley Longman  Reading, MA 01867  (City)  fy that I am the: (Check one) exclusive right(s) I authorized agent of: (Name of the ments made by meaning in this application are continued in the continued i	(State) (ZIP Code	Account and Mailing Instructions