

Dr. Dong-Keun Shin

TO 565-1P22.

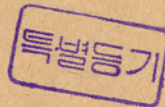
Building Management Office

Hwa Shin Building, 17th Floor

705-22 Yuksam-dong

Kangnam-gu, Seoul 135-080

Republic of Korea



510



"접수 시각 증명"

16시 57분



Dr. Dong-Keun Shin

Jungja-dong Life Apt. 107-601

Pundang-gu, Sungnam-si

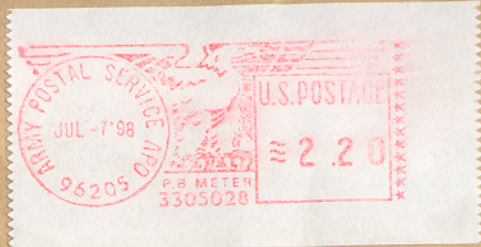
Kyungki-do 463-010

Republic of Korea

①

7-14

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017



Dr. Dong-Keun Shin  
Hwa Shin Building, Suite 701  
Building Management  
705-22 Yuksam-dong  
Kangnam-gu, Seoul 135-080  
Republic of Korea

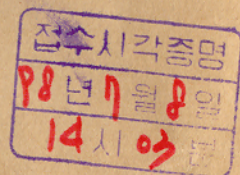


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Pundang-gu, Sungnam-si  
Kyungki-do, 463-010  
Republic of Korea



Dr. Dong-Kwon Shin  
Building Management Office  
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705-22 Yuksam-dong  
Kangnam-gu, Seoul 135-080  
Republic of Korea

Dr. Dong-Keun Shin  
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Republic of Korea



Dr. Dong-Keun Shin  
Hwa Shin Building, 17th Floor  
705-22 Yuksam-dong  
Kangnam-gu, Seoul 135-080  
Republic of Korea

Dr. Dong-Keun Shin  
Hwa Shin Building, 7th Floor  
705-22 Yuksam-dong  
Kangnam-gu, Seoul 135-080  
Republic of Korea

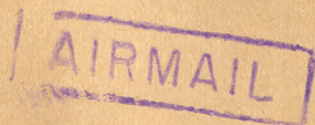


Dr. Dong-Keun Shin  
Jungja-dong Life Apt. 107-601  
Pundang-gu, Sungnam-Si  
Kyungki-do 463-010  
Republic of Korea

Dr. Dong-Keun Shin  
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705-22 Yoksam-dong  
Kangnam-gu, Seoul 135-080  
Republic of Korea



Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017  
U. S. A.



Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017



**FIRST CLASS**

Helen Chang Shin, M.D.  
121 General Hospital  
Box 314  
APO AP 96205-0017

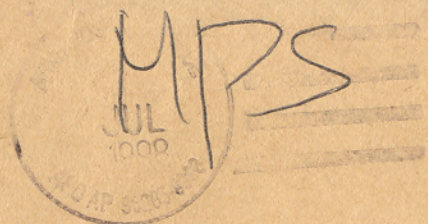
Fold at line over top of envelope to  
the right of the return address

**CERTIFIED**

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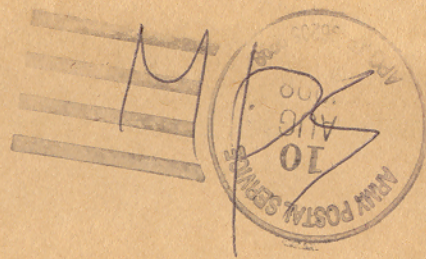
**MAIL**

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017



Helen Chang Shin, M.D. & Dr. Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017



Helen Chang Shin, MD & Dr. D. Shin  
121 General Hospital  
Box 314

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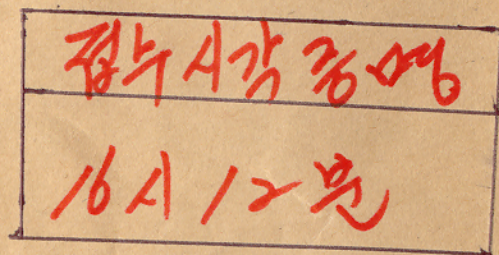
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121 General Hospital  
Box 314  
APO AP 96205-0017

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Helen Chang Shin, MD & Dr. D. Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

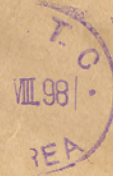


Dr. Dong-Keun Shin  
Building Management Office  
Hwa Shin Building Suite 701  
# 705-22 Yuksam-dong,  
Kangnam-gu, Seoul 135-080  
Republic of Korea



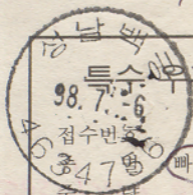
Dr. Dong-Keun Shin  
Jungja-dong Sangrok LIFE Apt. 107-601  
Pundang-gu, Sungnam-si  
Kyungki-do 463-010  
Republic of Korea.

Dr. Dong-Keun Shin  
Building Management office  
Hwa Shin Building # 701  
705-22 Yuksam-dong Kangnam-gu  
Seoul 135-080  
Republic of Korea



Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO Ap 96205-0017  
U. S. A.

For package ③



# 특수우편물수령증

98.7.6

접수번호

47

요금

386

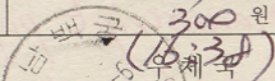
빠른

보통

1520

변  
우편  
8  
원

|          |          |          |          |          |
|----------|----------|----------|----------|----------|
| 부가<br>취급 | 배증       | 내증       | 민원       | 특급       |
|          | 특사       | 특송       | 통화       | 물품       |
|          | 유가<br>증권 | 대금<br>교환 | 접수<br>시각 | 우편<br>자루 |
| 금액       | 300 원    |          |          |          |



\* 반송서에는 동기취급  
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\* 이 영수증은 손해  
배상등의 청구에  
필요하오니 잘 보관하십시오.

16:51

# 특수 우편물수령증

접수번호 56391  
 종별 빠른, 보통 우편  
 중량 8  
 요금 1.820 원

|          |          |          |          |          |
|----------|----------|----------|----------|----------|
| 부가<br>취급 | 배증       | 내증       | 민원       | 특급       |
|          | 특사       | 특송       | 통화       | 물품       |
|          | 유가<br>증권 | 대금<br>교환 | 접수<br>시각 | 우편<br>자루 |
| 금액       | 원        |          |          |          |

우체국

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수수료를 받습니다.

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배상등의 청구에  
필요하오니 잘 보관하십시오.

3402341-04311  
1994. 6. 29 승인

67mm × 95mm  
(신문용지 54g/m<sup>2</sup>)

For Package 1

50812

98. 35

U.S. POSTAL SERVICE  
YONGSAN APO

UNIT FIN 056786  
ZIP CODE 96205  
CHU # 5  
07-07-98 11:38:42  
VERSION 28.00

CUSTOMER RECEIPT

|               |       |
|---------------|-------|
| 110 P O METER | 12.10 |
| TOTAL         | 12.10 |
| CASH T        | 12.10 |
| CHANGE        | .00   |

THANK YOU

Stamps for CCB and Gail faculty who  
will receive my paper "A Sorting Method by Dongfeng  
Shin" 7/7/98

Dong-Keun Shin sent his 12 pages/paper to copyright office, UCB Chancellor R.M. Berdahl, GWU. EECS chair M. Zaghloul using certified mails on July 7, 1998 at about 11 AM. Paper describes a character-based binary tree sorting algorithm.

U.S. POSTAL SERVICE  
 YONGSAN APO  
 UNIT FIN 056786  
 ZIP CODE 96205  
 FRANKLI # 8  
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 VERSION 28.00

7/7/98

CUSTOMER RECEIPT

|               |      |
|---------------|------|
| 110 P O METER | 3.46 |
| 110 P O METER | 3.46 |
| 110 P O METER | 3.46 |
| 110 P O METER | 2.20 |
| 090 POSTAGE   | 3.20 |

|        |       |
|--------|-------|
| TOTAL  | 15.78 |
| CASH T | 20.00 |

|        |      |
|--------|------|
| CHANGE | 4.22 |
|--------|------|

THANK YOU

Dong-Keun Shin sent his second portion of his paper "A Sorting Method by A Shin" (pages 2, 5, 8, 11 included) to his HwaShin Building office in Seoul, Korea  
 7/7/98

Z 380 184 721

Sent "Sort" paper to WCB Chancellor R.M. Berdahl.  
7/12/98

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |                |
|---|----------------|
| Sent to   |                |
| Street & Number   |                |
| Post Office, State, & ZIP Code                              |                |
| Postage   | \$ 1.01        |
| Certified Fee   | 1.35           |
| Special Delivery Fee  | /              |
| Restricted Delivery Fee                                     | /              |
| Return Receipt Showing to Whom & Date Delivered             | 1.10           |
| Return Receipt Showing to Whom, Date, & Addressee's Address | /              |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 3.51</b> |
| Postmark or Date  |                |



Z 380 184 720

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

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|   |                |
|---|----------------|
| Sent to   |                |
| Street & Number   |                |
| Post Office, State, & ZIP Code                              |                |
| Postage   | \$ 1.01        |
| Certified Fee   | 1.35           |
| Special Delivery Fee  | /              |
| Restricted Delivery Fee                                     | /              |
| Return Receipt Showing to Whom & Date Delivered             | 1.10           |
| Return Receipt Showing to Whom, Date, & Addressee's Address | /              |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 3.46</b> |
| Postmark or Date<br>JUL 1998<br>APO AP 96205 UNIT 8         |                |

Sent my "Sort" paper to Registers of Copyright, Library of Congress, Washington DC  
7/17/98

Z 380 184 722

US Postal Service

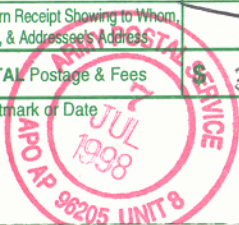
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

|   |                |
|---|----------------|
| Sent to   |                |
| Street & Number   |                |
| Post Office, State, & ZIP Code                              |                |
| Postage   | \$ 1.01        |
| Certified Fee   | 1.35           |
| Special Delivery Fee  | /              |
| Restricted Delivery Fee                                     | /              |
| Return Receipt Showing to Whom & Date Delivered             | 1.10           |
| Return Receipt Showing to Whom, Date, & Addressee's Address | /              |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 3.46</b> |
| Postmark or Date  |                |

PS Form 3800, April 1995



Sent my "sort" paper to Gail Etschhair Muna Zoghbi.

접수시각증명

98년 7월 8일

특수 우편물 수령증

접수번호 134889번  
종별 빠른, 보통 우편  
중량 8  
요금 1960 원

|          |          |          |          |          |
|----------|----------|----------|----------|----------|
| 부가<br>취급 | 배증       | 내증       | 민원       | 특급       |
|          | 특사       | 특송       | 통화       | 물품       |
|          | 유가<br>증권 | 대금<br>교환 | 접수<br>확인 | 우편<br>자루 |
| 금액       | 1960 원   |          |          |          |

1998. 7. 8

\* 반송시에는 동기취급  
수수료를 받습니다.

\* 이 영수증은 손해  
배상등의 청구에  
필요하오니 잘 보관하십시오.

3402341-04311일

1994. 6. 29 승인

67mm×95mm

(신문용지 54g/m<sup>2</sup>)

Broken mail was sent again 7/8/98

# 우표류(수입인지)판매대금영수증

● 발행번호:

호

● 금 액:

원

● 우 표:

● 업 서:

● 수입인지:

19

역삼성보

우편취급소장

TEL. 568-0205



Z 380 184 589

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The second Shin's sorting paper is sent to copyright  
Office on 7/14/98.

|   |         |
|---|---------|
| Sent to   |         |
| Street & Number   |         |
| Post Office, State, & ZIP Code                              |         |
| Postage   | \$ 1.24 |
| Certified Fee   | 1.35    |
| Special Delivery Fee  |         |
| Restricted Delivery Fee                                     |         |
| Return Receipt Showing to Whom & Date Delivered             | 1.10    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |         |
| <b>TOTAL Postage &amp; Fees</b>                             | \$ 3.69 |
| Postmark or Date  |         |



Z 438 305 246

US Postal Service

# Receipt for Certified Mail

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|   |         |
|---|---------|
| Sent to   |         |
| Street & Number   |         |
| Post Office, State, & ZIP Code                              |         |
| Postage   | \$ 2.16 |
| Certified Fee   | 1.35    |
| Special Delivery Fee  |         |
| Restricted Delivery Fee                                     |         |
| Return Receipt Showing to Whom & Date Delivered             |         |
| Return Receipt Showing to Whom, Date, & Addressee's Address |         |
| TOTAL Postage & Fees  | \$ 3.51 |
| Postmark or Date  |         |



Shin's sorting papers are sent to his wife for a verification in future. 7/14/98

# 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*

REGISTER OF COPYRIGHTS

**FORM TX**  
For a Literary Work  
UNITED STATES COPYRIGHT OFFICE

TXu 857-130



EFFECTIVE DATE OF REGISTRATION

7 16 98  
Month Day Year

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

## 1 TITLE OF THIS WORK ▼

A Sorting Method by Dong-Keun Shin

## PREVIOUS OR ALTERNATIVE TITLES ▼

Shin Sort Algorithm (original handwritten manuscript)

**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 ▼** (SSN: 545-51-5105)  
a Dong-Keun Shin (Dong Keun Shin)

**DATES OF BIRTH AND DEATH**  
Year Born ▼ Year Died ▼  
1959

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

**AUTHOR'S NATIONALITY OR DOMICILE**  
Name of Country  
OR { Citizen of U.S.A.  
Domiciled in

**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.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼  
Entire Text

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

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

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

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED**  
a 1998

**DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK**  
b Complete this information ONLY if this work has been published. Month Day Year  
Nation

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

Jungja-dong, Sangrok-Life Apt. 107-601,  
Pundang-gu, Sungnam-si, Kyungki-do, 463-010  
Republic of Korea

**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

JUL 16 1998

ONE DEPOSIT RECEIVED

JUL 16 1998

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

**MORE ON BACK ▼**

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page.  
• See detailed instructions.  
• Sign the form at line 10.

**DO NOT WRITE HERE**

Page 1 of 2 pages

**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.

**4**

See instructions before completing this space.

EXAMINED BY *De*

FORM TX

CHECKED BY

☐ CORRESPONDENCE  
YesFOR  
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) ▼a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☒ This is the first application submitted by this author as copyright claimant.c. ☐ 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 ▼

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

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

None

b. 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. ▼

—space deleted—

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on 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.

a ☒ Copies and Phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

See instructions.

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/Address/Apt/City/State/ZIP ▼

Dr. Dong-Keun Shin

Building Management Office, Hwa Shin Building, 7th Floor,  
705-22 Yuksam-dong, Kangnam-gu, Seoul 135-080, Republic of Korea

Area Code and Telephone Number: ▶ (82-342) 717-3182; W: 82-2-565-7972

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

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.

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

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.

Dong-Keun Shin (a.k.a. David Dong-Keun Shin) date ▶ July 6, 1998

Handwritten signature (X) ▼

MAIL  
CERTIFI-  
CATE TO

Name ▼

Dr. Dong-Keun Shin

Number/Street/Apartment Number ▼

Hwa Shin Building, Suite 701, 705-22 Yuksam-dong

City/State/ZIP ▼

Kangnam-gu, Seoul 135-080, Republic of Korea

Certificate  
will be  
mailed in  
window  
envelope

## YOU MUST:

- Complete all necessary spaces
- Sign your application in space 10

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

The Copyright Office has the authority to adjust fees at 5-year intervals, based on changes in the Consumer Price Index. The next adjustment is due in 1996. Please contact the Copyright Office after July 1995 to determine the actual fee schedule.

\*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 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

July 1993—400,000

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University of California

Berkeley

## Gift Receipt

July 22, 1998

Donor #22387

Thank you for your gift (pledge payment) to the University totalling \$500.00 on 07/06/98. As you requested, it has been distributed to the funds or departments listed below.

## FUND NAME

## AMOUNT

The Class Campaigns Chancellor's Millennium Fund

\$500.00

*All Bears and their families are invited to come back to campus! Cal Homecoming, Reunion, and Parents Weekend will be held September 25-27. Call 1-888-864-8225 for more information.*

*Thank you for your support!*

Dr. Dong-Keun Shin  
Jungja-dong LIFE 107-601  
Pundang-gu Sungnam-si  
Kyungki-do 463-010,  
Korea, Republic Of

Total amount of your gift: \$500.00

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Tax deductible portion of your gift: \$500.00

Transaction Batch : G980717F.SRM02

Correspondence Batch:

GLG072201

Transaction No:

1859591

## RETAIN FOR TAX PURPOSES

Gifts to Cal are tax deductible to the extent allowed by law. The contribution for tax purposes is limited to the amount that exceeds the value of any goods and services of benefit to the donor. Please direct any inquiries about this receipt to University Relations—Gift Processing, 2440 Bancroft Way, Berkeley, CA 94720-2400, (510) 642-9070.

# CERTIFICATE OF REGISTRATION



OFFICIAL SEAL

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*  
REGISTER OF COPYRIGHTS  
United States of America

**FORM TX**  
For a Literary Work  
UNITED STATES COPYRIGHT OFFICE

RI

TXu 864-961

EFFECTIVE DATE OF REGISTRATION

**JUL 22 1998**

Month Day Year

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

## 1 TITLE OF THIS WORK ▼

Character-Based Binary Tree Sorting for Integer Numbers

## PREVIOUS OR ALTERNATIVE TITLES ▼

Shin's Sorting Algorithm for Integer Numbers

**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**

**NAME OF AUTHOR ▼** (Soc. Sec. No.: 545-51-5105)

**a** Dong-Keun Shin (Dong Keun Shin or David Dong-Keun Shin)

**DATES OF BIRTH AND DEATH**

Year Born ▼ Year Died ▼  
June 13, 1959 Alive

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

**AUTHOR'S NATIONALITY OR DOMICILE**  
Name of Country

OR { Citizen of ▼ U.S.A.  
Domiciled in ▼

**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.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

Entire Text

## 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.

**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

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

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**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

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

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**3**

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

1998

This information must be given in all cases.

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

Complete this information ONLY if this work has been published.

Month Day Year

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. ▼

Dong-Keun Shin  
Jungja-dong, LIFE Apt. 107-601, Pundang-gu,  
Sungnam-si, Kyungki-do 463-010  
Republic of Korea

**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

JUL 22 1998

ONE DEPOSIT RECEIVED

JUL 22 1998

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

DO NOT WRITE HERE  
OFFICE USE ONLY

**MORE ON BACK ▼**

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page.  
• See detailed instructions. • Sign the form at line 10.

**DO NOT WRITE HERE**

Page 1 of 2 pages

EXAMINED BY

FORM TX

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) ▼a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☐ This is the first application submitted by this author as copyright claimant.c. ☒ 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 ▼  
(Not yet given,)

Year of Registration ▼ 1998

(Specifically July 1998)

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

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

A Sorting Method by Dong-Keun Shin (Alternative Title: Shin Sort Algorithm)

b. 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. ▼  
Compilation and additional new material.See instructions  
before completing  
this space.

—space deleted—

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on 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.

a ☒ Copies and Phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

See instructions.

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/Address/Apt/City/State/ZIP ▼

Dong-Keun Shin

Building Management, Hwa Shin Building, 7th Floor,

705-22 Yuksam-dong, Kangnam-gu, Seoul 135-080, Republic of Korea

Area Code and Telephone Number ▶ 82-2-565-7972; (H) 82-342-717-3182

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

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.

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

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.

Dong-Keun Shin (Dong Keun Shin; Danny Shin; David D. Shin) date ▶ July 13, 1998

Handwritten signature (X) ▼

Name ▼

Dr. Dong-Keun Shin

Number/Street/Apartment Number ▼

705-22 Yuksam-dong, Hwa Shin Bldg. 7th Floor

City/State/ZIP ▼

Kangnam-gu, Seoul 135-080, Republic of Korea

MAIL  
CERTIFI-  
CATE TOCertificate  
will be  
mailed in  
window  
envelope

## YOU MUST:

- Complete all necessary spaces
- Sign your application in space 10

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

The Copyright Office has the authority to adjust fees at 5-year intervals, based on changes in the Consumer Price Index. The next adjustment is due in 1996. Please contact the Copyright Office after July 1995 to determine the actual fee schedule.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
■ Complete items 1 and/or 2 for additional services.  
■ Complete items 3, 4a, and 4b.  
■ Print your name and address on the reverse of this form so that we can return this card to you.  
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
■ Write "Return Receipt Requested" on the mailpiece below the article number.  
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Chancellor Robert M. Berdahl  
Office of the Chancellor  
California Hall  
U. C. Berkeley  
Berkeley, CA 94720

4a. Article Number  
2380 184 721

4b. Service Type  
☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery  
JUL 15 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

8. Addressee's Address (Only if requested and fee is paid)

20 JUL 1998

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

OAKLAND CA 94606 PM

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

15 JUL 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
■ Complete items 1 and/or 2 for additional services.  
■ Complete items 3, 4a, and 4b.  
■ Print your name and address on the reverse of this form so that we can return this card to you.  
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
■ Write "Return Receipt Requested" on the mailpiece below the article number.  
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Professor Mona Zaghloul, Chair  
EECS Dept. SEAS  
Phillips Hall, 6th Floor  
The George Washington Univ.  
Washington, DC 20052

4a. Article Number  
2380 184 722

4b. Service Type  
☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

WASHINGTON DC 20003 PM

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

17 JUL 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
■ Complete items 1 and/or 2 for additional services.  
■ Complete items 3, 4a, and 4b.  
■ Print your name and address on the reverse of this form so that we can return this card to you.  
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
■ Write "Return Receipt Requested" on the mailpiece below the article number.  
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Registers of copyrights  
Library of Congress  
Washington, DC 20559

4a. Article Number  
2380 184 589

4b. Service Type  
☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

8. Addressee's Address (Only if requested and fee is paid)

JUL 20 1998

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

WASHINGTON, DC PERM 15542 17-30

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

27 JUL 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
■ Complete items 1 and/or 2 for additional services.  
■ Complete items 3, 4a, and 4b.  
■ Print your name and address on the reverse of this form so that we can return this card to you.  
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
■ Write "Return Receipt Requested" on the mailpiece below the article number.  
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Register of copyrights  
Library of Congress  
Washington, D.C. 20559-6000  
U.S.A.

4a. Article Number  
2380 184 720

4b. Service Type  
☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

8. Addressee's Address (Only if requested and fee is paid)

JUL 28 1998

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Dr. Dong-Keun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

Z 438 314 932

US Postal Service

# Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

|   |         |
|---|---------|
| Sent to   |         |
| Street & Number   |         |
| Post Office, State, & ZIP Code                              |         |
| Postage   | \$ 3.00 |
| Certified Fee   | 1.35    |
| Special Delivery Fee  |         |
| Restricted Delivery Fee                                     |         |
| Return Receipt Showing to Whom & Date Delivered             | 1.10    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |         |
| TOTAL Postage & Fees  | \$ 5.45 |
| Postmark or Date  |         |

PS Form 3800, April 1995



Z 438 315 078

US Postal Service

# Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|   |         |
|---|---------|
| Sent to   |         |
| Street & Number   |         |
| Post Office, State, & ZIP Code                              |         |
| Postage   | \$ 3.00 |
| Certified Fee   | 1.35    |
| Special Delivery Fee  |         |
| Restricted Delivery Fee                                     |         |
| Return Receipt Showing to Whom & Date Delivered             | 1.10    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |         |
| TOTAL Postage & Fees  | \$ 5.45 |
| Postmark or Date  |         |

PS Form 3800, April 1995



Z 438 315 077

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

|   |                |
|---|----------------|
| Sent to   |                |
| Street & Number   |                |
| Post Office, State, & ZIP Code                              |                |
| Postage   | \$ 3.00        |
| Certified Fee   | 1.35           |
| Special Delivery Fee  |                |
| Restricted Delivery Fee                                     |                |
| Return Receipt Showing to Whom & Date Delivered             | 1.10           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$ 5.45</b> |
| Postmark or Date  |                |

## 영 수 증

(공급받는자용)

귀하

NO.

|             |         |                  |    |             |
|-------------|---------|------------------|----|-------------|
| 공<br>급<br>자 | 사 업 자   | 129-13-9100      |    |             |
|             | 등 록 번 호 |                  |    |             |
| 급           | 상 호     | 우림종합상사           | 성명 | 안양도원        |
|             | 사 업 장   | 성남시 분당구 정자동 30-6 |    |             |
| 자           | 소 재 지   |                  |    |             |
|             | 업 태     | 도 소 매<br>서 비 스   | 종목 | 문구복사<br>철 도 |

작성년월일

공급대가총액

비고

1998. 8. 10. ₩ 30,000

위 금액을 정히 영수(청구) 함.

| 월일 | 품 목 | 수 량 | 단 가 | 공급대가(금액) |
|----|-----|-----|-----|----------|
| 1  | 복사  | 400 | 50  | 20,000   |
|    | 복사  | 40  | 50  | 2,000    |
|    | 복사  | 20  | 50  | 1,000    |
|    | 복사  | 140 | 50  | 7,000    |
| 5  |     |     |     |          |
|    |     |     |     |          |
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| 10 |     |     |     |          |
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|    |     |     |     |          |
| 15 |     |     |     |          |

부가가치세법시행규칙 제25조의 규정에 의한(영수증)으로 개정

# 특수 우편물수령증

접수번호

24P 884

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요

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원

|          |          |          |          |          |
|----------|----------|----------|----------|----------|
| 부가<br>취급 | 배증       | 내증       | 민원       | 특급       |
|          | 특사       | 특송       | 통화       | 물품       |
|          | 유가<br>증권 | 대금<br>교환 | 접수<br>시각 | 우편<br>자루 |
| 금액       | 16A 12복  |          |          | 원        |

우체국

\* 반송시에는 등기취급  
수수료를 받습니다.

\* 이 영수증은 손해

배상등의 청구에

필요하오니 잘 보관하십시오.

3402341-04311일

1994. 6. 29 승인

62mm x 95mm

(신문용지 54g / m<sup>2</sup>)

1998. 8. 11  
3572

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

8 438 314 932

4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

AUG 17 1998  
LIBRARY OF CONGRESS  
POSTAL OFFICE

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

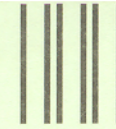
PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Dr. Dong-Kyun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017

27 AUG 1998



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dean Paul R. Gray  
College of Engineering  
320 McLaughlin Hall  
U.C. Berkeley  
Berkeley, CA 94720

4a. Article Number

8 438 315 017

4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8/14/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Dr. Dong-Kyun Shin  
121 General Hospital  
Box 314  
APO AP 96205-0017



U.S. POSTAL SERVICE

YONGSAN APO

UNIT FIN 056786

ZIP CODE 96205

CHU # 5

01-01-80 07:31:44

VERSION 28.00

---

CUSTOMER RECEIPT

---

110 P O METER 16.35

---

TOTAL 16.35

CASH T 16.50

---

CHANGE .15

---

THANK YOU

---

# 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*

REGISTER OF COPYRIGHTS  
United States of America

## FORM TX

For a Literary Work  
UNITED STATES COPYRIGHT OFFICE

RE

TX 4-842-998



\*TX8004942998\*

EFFECTIVE DATE OF REGISTRATION

Month Aug Day 17 Year 98

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

### TITLE OF THIS WORK ▼

A Sorting Method by Dong-Keun Shin

### PREVIOUS OR ALTERNATIVE TITLES ▼

Shin Sort Algorithm (Paper printed on August 9, 1998, notes, and letters)

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 ▼ (Soc. Sec. No. 545-51-5105)  
Dong-Keun Shin (Dong Keun Shin)

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼  
1959

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

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country  
OR { Citizen of ▼ U.S.A.  
Domiciled in ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
If the answer to either of these questions is "Yes," see detailed instructions.  
Anonymity? ☐ Yes ☒ No  
Pseudonymous? ☐ Yes ☒ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼  
Entire Text

### 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  
If the answer to either of these questions is "Yes," see detailed instructions.  
Anonymity? ☐ Yes ☐ No  
Pseudonymous? ☐ Yes ☐ No

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### NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH  
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☐ No

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If the answer to either of these questions is "Yes," see detailed instructions.  
Anonymity? ☐ Yes ☐ No  
Pseudonymous? ☐ Yes ☐ No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED  
1998

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
Complete this information. Month ▼ July Day ▼ 4th Year ▼ 1998  
ONLY if this work has been published. Republic of Korea

Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼  
Dong-Keun Shin  
Jungja-dong, Life Apt. 107-601, Pundang-gu, Sungnam-si  
Kyungki-do, 463-010, Republic of Korea

APPLICATION RECEIVED  
AUG. 17, 1998  
ONE DEPOSIT RECEIVED  
AUG. 17, 1998  
TWO DEPOSITS RECEIVED

DO NOT WRITE HERE OFFICE USE ONLY

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. ▼

FUNDS RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-11) on the reverse side of this page.  
• See detailed instructions. • Sign the form at line 10.

DO NOT WRITE HERE  
Page 1 of 2 pages

1

2

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.

3  
4

See instructions before completing this space.

EXAMINED BY

Cema

FORM TX

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?

5

V Yes ☐ No ☐ If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☐ This is the first application submitted by this author as copyright claimant.c. ☒ 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 ▼

(Not yet given.)

Year of Registration ▼

1998

(Specifically early July 1998)

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

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

A Sorting Method by Dong-Keun Shin (A Handwritten Manuscript on July 4-6, 1998)

6

b. 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. ▼

Compilation and additional new material

See instructions  
before completing  
this space.

—space deleted—

7

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on 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.

a ☒ Copies and Phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

See instructions.

8

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 ▼

9

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼  
Dr. Dong-Keun ShinBuilding Management, Hwa Shin Building, Suite 701  
705-22 Yuksam-dong, Kangnam-gu, Seoul 135-080, Republic of Korea

Area Code and Telephone Number ▶ 82-2-565-7910; 82-2-565-7972

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

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.

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

10

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.

Dong-Keun Shin (David Dong-Keun Shin)

date ▶ August 10, 1998

Handwritten signature (X) ▼

Dong-Keun Shin

8/10/98

MAIL  
CERTIFI-  
CATE TO

Name ▼ Dr. Dong-Keun Shin

Number/Street/Apartment Number ▼ 705-22 Yuksam-dong, Hwa Shin Bldg. 7th Floor

City/State/ZIP ▼ Kangnam-gu, Seoul 135-080, Republic of Korea

Certificate  
will be  
mailed in  
window  
envelope

## YOU MUST:

- Complete all necessary spaces
- Sign your application in space 10

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

The Copyright Office has the authority to adjust fees at 5-year intervals, based on changes in the Consumer Price Index. The next adjustment is due in 1996. Please contact the Copyright Office after July 1995 to determine the actual fee schedule.

11

\*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 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

July 1993—400,000

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