

A

Your Return Mailing Address

REGISTRAR - RECORDER / COUNTY CLERK's FILING STAMP

Name:

Address:

1

First Filing Renewal Filing
Check one only

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (Attach additional pages if required)

2

Fictitious Business Name(s) _____ 3. _____
1. _____
2. _____
Articles of Incorporation or Organization Number (if applicable)
AI #/ON

3

Street Address, City & State of Principal Place of Business in California (P.O. Box alone not acceptable)

4

Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

4A

Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

4B

Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

5

This Business is conducted by: () an individual () a general partnership () joint venture () a business trust
(check one only) () co-partners () husband and wife () a corporation () a limited partnership
() an unincorporated association other than a partnership () a limited liability company () _____
Other

6

() The registrant commenced to transact business under the fictitious business name or names listed on (Date): _____
() Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

7

I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

8

Signature of Registrant(s)

X _____ Signature type/print name
X _____ Signature type/print name
X _____ Signature type/print name
X _____ Signature type/print name

8A

If Registrant is a CORPORATION or LLC, sign below

Corporation Name / Limited Liability Company
X _____ Signature

Title

Type or Print Name

This statement was filed with the County Clerk of _____ County on date indicated by file stamp above.

NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THAT DATE. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Business and Professions Code)

ALL LIMITED LIABILITY COMPANIES MUST INCLUDE A COPY OF THE ARTICLES OF ORGANIZATION
ALL CORPORATIONS MUST INCLUDE A COPY OF THE ARTICLES OF INCORPORATION

