CLERK-RECORDER
COUNTY OF MONO

P.O. BOX 237, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5536 • FAX (760) 932-5531

Linda Romero
Acting Clerk/Recorder
lromero@mono.ca.gov

FICTITIOUS BUSINESS NAME INFORMATION

One Registrant: Fee	$ 12.50
Married Couple: Fee	**$ 12.50**
Each Additional Registrant: Fee	**$ 2.00**
Abandonment of Name: Fee	**$ 7.50**

Five years from the filing date, this application will expire unless a renewal is filed previous to the expiration date. *If you should need an abandonment application to abandon this license within five years, please contact the Clerk's Office so we can send you the necessary forms.*

Please complete the application and send to: The Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517. **Once this document is filed, you will receive:**

- One certified copy (required by the bank) to open a business account
- One for your records
- One copy for you to send for publishing (once per week for four consecutive weeks) in a local weekly newspaper in general circulation:
  - **Mammoth Times: (760) 934-3929**
  - **The Sheet: (760) 924-0048**

Should you have any questions regarding the above information, please do not hesitate to contact our office at (760) 932-5530 or speak directly to Debra VandeBrake at 932-5535.

Please note:
*** If filing as a corporation, please attach a copy of Articles of Incorporation.**
***If filing by mail, an Acknowledgement of Signature by Notary is required.**
***At the discretion of the County Clerk may require a registrant or an agent to sign an affidavit of identity.**
***False declarations are a misdemeanor punishable by a fine of up to $1,000.**

*Business license required *

If Filing by mail, complete back side

FICTITIOUS BUSINESS NAME STATEMENT

A **MAIL FILED DOCUMENTS TO:**

NAME: _____

MAILING _____

_____

PHONE: ( ) _____

MONO COUNTY CLERK-RECORDER'S FILING STAMP

Y:\Recorders Office\FICTITIOUS BUSINESS NAME STATEMENT.doc

1 ( ) First Filing ( ) Renewal Filing ( ) With Changes
Current Registration # _____

B Once filed, publish four consecutive weeks in either of Mono County's official newspapers: Mammoth Times (760-934-3929) or The Sheet (760.924-0048).

THE FOLLOWING PERSON(S) ARE DOING BUSINESS AS:

2 Fictitious Business Name(s)
1.
2.
3.

Articles of Incorporation or Organization Number (if applicable)

Please provide a copy of Articles

3 Street Address, City, & State of Principal Place of Business in CA — Zip Code

4 Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)

Mailing Address — City — State — Zip Code

4a Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)

Mailing Address — City — State — Zip Code

4b Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)

Mailing Address — City — State — Zip Code

5 THIS BUSINESS IS CONDUCTED BY- **CHECK ONLY ONE**
( ) an individual ( ) joint venture ( ) a limited partnership ( ) an unicorporated assoc. other than a partnership
( ) married couple ( ) a corporation ( ) a general partnership ( ) Other:
( ) co-partners ( ) a business trust ( ) a limited liability co.

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

7 If Registrant is not a corporation, sign:

SIGNATURE — TYPE OR PRINT NAME

SIGNATURE — TYPE OR PRINT NAME

SIGNATURE — TYPE OR PRINT NAME

7a If Registrant is a Corp/limited liability, sign:

CORP. OR LIMITED LIABILITY CO. NAME

SIGNATURE/TITLE

TYPE OR PRINT NAME/TITLE

8 Filing Fees: ( ) One Registrant $12.50 ( ) Married Couple $12.50 ( ) Each Additional Registrant $2.00 ' Abandonment $7.50 **Mail COMPLETED Statement, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5530**

NOTICE- THIS FICTITIOUS NAME STATEMENT AUTOMATICALLY EXPIRES FIVE (5) YEARS FROM THE FILED DATE. TO ABANDON THIS NAME WITHIN FIVE YEARS, YOU MUST FILE AN ABANDONMENT STATEMENT AND PUBLISH ACCORDINGLY (See Section B). 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 pursuant to §14400 et seq., Business and Professions Code. Questions: Call the Mono County Clerk's Office at (760) 932-5530.

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON ALE IN MY OFFICE.

LINDA ROMERO, ACTING CLERK-RECORDER

By: _____

( ) Deputy Clerk ( ) Assistant Clerk-Recorder

File Number: _____

FILING OF A FICTITIOUS BUSINESS NAME BY MAIL REQUIRES SIGNATURE ACKNOWLEDGMENT BY A NOTARY PUBLIC
****

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA }
COUNTY OF _____ **1 SS**
}

On_____, before me_____personally appeared
Insert date — Insert name and title of officer here

Who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of the State of California that the foregoing paragraph is true and correct.

_____
Notary's signature

WITNESS my hand and official seal
(Notary Seal)