

CLERK-RECORDER COUNTY OF MONO

P.O. BOX 237, BRIDGEPORT, CALIFORNIA 93517 (760) 932-5530 • FAX (760) 932-5531

Queenie Barnard Mono County Clerk-Recorder/Registrar

ABANDONMENT OF FICTITIOUS BUSINESS NAME INFORMATION

Abandonment of Name: Fee \$ 20.00

Please complete the abandonment 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
- One for your records
- One copy for you to send for publishing (once per week for four consecutive weeks) in a local <u>weekly</u> 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.

Sincerely,

Queenie Barnard Mono County Clerk-Recorder

Mono County Clerk-Recorder () Deputy () Assistant

	STATEMENT OF Of use of fictitious business					
A	MAIL FILED DOCUMENTS TO:		Y CLERK-RECORDER'S FILING STAMP			
NAM	E:					
MAIL	ING	-				
PHO	NE: ()	* Clerk to en	ter app. # in section 8A below			
В.	Once filed, publish four consecutive newspapers: Mammoth Times (760					
	THE FOLLOWING PERSONS HAVE ABANDONED	THE USE OF THE	FICTITIOUS BUSINESS NAME:			
1	Fictitious Business Name(s) 3.					
	1. 2.	Articles of Incorpora	tion or Organization Number (if applicable)			
2.	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	tion 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 () an individual () joint ventu CONDUCTED BY- (married couple () a corporati CHECK ONLY ONE () co-partners () a business	on () a general p	partnership other than a partnership			
7	If Registrant is not a corporation, sign:		7A If Registrant is a Corp/limited liability, sign:			
	SIGNATURE TYPE OR PRINT NAM					
	SIGNATURE TYPE OR PRINT NAM					
8	8 Filing Fees: Abandonment \$20.00. Mail COMPLETED abandonment form, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5535. A copy will be provided to you for publishing (see section B for more information).					
8a I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE						
The fictitious business name was filed in Mono QUEENIE BARNARD MONO COUNTY CLERK						
<u> </u>	County on:	by) Clerk () Deputy () Assistant				
File	#) Clerk ()Deputy() ASSISTANT			

AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT

In accordance with California State Law, the following identifying information is required to file a Fictitious Business Name Statement.

This c	ertificate m	ust be signed in th	e presence of a l	Notary.
Registrant Name	First Name		Last Name	st Name
Name of Business				
Registrant Address	Street Addres	SS		
	City	State	e	Zip Code
I(Print Name) am the registrant and in		are under penalty of perju ctitious Business Name	ry under the laws of the	State of California, that I
Subscribed to the	day of (Day)	20 , at (Month)	(City) (State)	
	OFDI	FICATE OF ACKNOW	(Signature)
		ng this certificate verifies of ched, and not the truthfulne		
STATE OF CALIFO	RNIA)) ss)			
On	, before me _	(Insert name and title		personally appeared
subscribed to the with	in instrument and his/her signature o	me on the basis of satisfa acknowledged to me tha	ctory evidence, to be the the second the sec	ame in his/her authorized
I certify under PENAI true and correct.	LTY OF PERJUR	Y under the laws of the S	state of California that the	he foregoing paragraph is

WITNESS my hand and official seal. (NOTARY SEAL)

NOTARY SIGNATURE