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

Scheereen Dedman
Mono County Clerk/Recorder

## FICTITIOUS BUSINESS NAME INFORMATION

One Business/One Registrant Name: (Married Couple is one registrant)	\$ 12.50
Additional Business Name Each:	\$ 12.50
Additional Registrant Name Each:	\$ 2.00
Abandonment of Name:	\$ 7.50

This application will expire five years from the date of filing. You will be sent a renewal notification approximately 30 days prior to expiration, but it is your responsibility to ensure your FBN continues to remain valid.

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 <u>weekly</u> newspaper in general circulation:
  - Mammoth Times: (760) 934-3929 sales@mammoth times.com
  - 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.

## Please note:

- \* If filing as a corporation or LLC, please attach a copy of Articles of Incorporation and Secretary of State Statement of Good Standing.
- \* If filing by mail, an Acknowledgment of Signature by Notary is required.
- \* At the discretion of the County Clerk, a registrant or an agent may be required to sign an affidavit of identity.
- \* False declarations are a misdemeanor punishable by a fine of up to \$1,000.

	FICTITIOUS BUSINESS NAME STATEMENT						
Α	MAIL FILED DOCUMENTS TO:	MONO COUNT	Y CLERK-RECORDER'S FILII	NG STAMP			
NAM	E:						
MAII	ING						
PHO	NE: ( )	Y:\Recorders Office\FI	CTITIOUS BUSINESS NAME S	STATEMENT.doc			
1	( ) First Filing ( ) Renewal Filing ( ) With Changes	B Once filed, publish once per week for 4 consecutive weeks:					
•	Current Registration #	MAMMOTH TIMES (760) 934-3929 Or: THE SHEET (760) 924-0048					
	THE FOLLOWING PERSON(	S) ARE DOING BUS					
2	Fictitious Business Name(s)	3.					
	1.	Articles of Incorporation or Organization Number (if applicable)					
	2.						
3	Street Address, City, & State of Principal Place of Business in CA			Zip Code			
1	Full Name of Registrant (if corporation or limited liability company	- show state of incorporat	on or organization)				
4	Tull Hame of Registrant (if corporation of limited hability company	- snow state of incorporat	on organization)				
	Mailing Address	City	State	Zip Code			
	indining / tadi eee	City	Cidio	2.p 0000			
4a	Full Name of Registrant (if corporation or limited liability company-	- show state of incorporat	ion or organization)				
ıu							
	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			
	ivialing Addices	Oity	Otate	Zip Gode			
5	THIS BUSINESS IS ( ) an individual ( ) joint ventu CONDUCTED BY- ( ) married couple ( ) a corporal	ation ( ) a general partnership other than a partnership os trust ( ) a limited liability co. ( ) Other:					
	CHECK ONLY ONE ( ) co-partners ( ) a busines						
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:	If Registrant is not a corporation, sign:  7A If Registrant is a Corp/limited liability, sig					
•	7 A II Registrant is a Corp/inflitted liability, sig						
	SIGNATURE TYPE OR PRINT NAI	ME	CORP. OR LIMITED LIABILI	TY CO. NAME			
	SIGNATURE TYPE OR PRINT NA	MF	SIGNATURE/TITLE				
	SIGNATURE TYPE OR PRINT NA	TYPE OR PRINT NAME/TITI	E				
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 I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE EXPIRES FIVE (5) YEARS FROM THE FILED DATE. TO ORIGINAL STATEMENT ON FILE IN MY OFFICE.							
ABANDON THIS NAME WITHIN FIVE YEARS, YOU MUST FILE AN							
(See	NDONMENT STATEMENT AND PUBLISH ACCORDINGLY Section B). The filing of this statement does not of itself	SCHEEREEN DEDMAN, MONO COUNTY CLERK-RECORDER					
	orize the use in this state of a fictitious business name in violation or rights of another under federal, state, or common law pursuant	By: ( ) Deputy Clerk	/:( ) Deputy Clerk ( ) Assistant Clerk-Recorder				
to §1	4400 et seq., Business and Professions Code. Questions: Call long County Clerk's Office at (760) 932-5530	( ) sprag 2.5.	File Number: _				

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 certificate must be signed in the presence of a Notary,

Registrant Name	First Name			Last Name		
Name of Dusiness						
Name of Business				-		
Registrant Address	G A 11					
	Street Address					
	City		State	Zip Code		
1.	doo	lara undar papalty of p	oniumy under the	laws of the State of California, that I		
(Print Name)	, dec	iare under penanty or po	erjury under the	laws of the State of Camornia, that I		
am the registrant and in	tend to file this F	ictitious Business Nam	e			
Subscribed to the	day of	20 . at				
<u></u>	(Day)	(Month)	(City)	(State)		
				(Signature)		
	CEDA	TELCAME OF A CIZA		N VE		
	CERT	IFICATE OF ACKNO	JWLEDGEME	JN I		
A notary public or other document to which this	r officer completi certificate is atta	ing this certificate \erif ched, and not the truthf	Ties only the iden Fulness, accuracy	atity of the individual who signed the v. or validity of that document.		
STATE OF CALIFOR	RNIA					
C 4 6	) ss					
County of						
On	, before me_			personally appeared		
	1 1.4-	(Insert name and				
subscribed to the withi	n instrument and is/her signature of	d acknowledged to me	that he/she exe	nce, to be the person whose name is cuted the same in his/her authorized tity upon behalf of which the person		
I certify under PENAL true and correct.	TY OF PERJUR	RY under the laws of the	ne State of Calif	fornia that the foregoing paragraph is		
			SS my hand and RY SEAL)	official seal.		
NOTARY SIGNATU	RE					