STATEMENT OF ABANDONMENT

Of use of fictitious business name statement

A **MAIL FILED DOCUMENTS TO:** NAME: MAILING PHONE: ( )	MONO COUNTY CLERK-RECORDER'S FILING STAMP *** Clerk to enter app. # in section 8A below**

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 PERSONS HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

1	Fictitious Business Name(s) 1. 2.	3. Articles of Incorporation 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- 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 (married couple ( ) co-partners	( ) joint venture ( ) a corporation ( ) a business trust	( ) a limited partnership ( ) a general partnership ( ) a limited liability co. ( ) an unincorporated assoc. other than a partnership ( ) Other:

7	If Registrant is not a corporation, sign:	7A If Registrant is a Corp/limited liability, sign:
	SIGNATURE TYPE OR PRINT NAME	CORP. OR LIMITED LIABILITY CO. NAME
	SIGNATURE TYPE OR PRINT NAME	SIGNATURE/TITLE

8 **Filing Fees: Abandonment $7.50. 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. The fictitious business name was filed in Mono County on:	**I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.** **, MONO COUNTY CLERK By:**
File #	**( ) Deputy ( ) Assistant**

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