



**CLERK-RECORDER
COUNTY OF MONO**

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

Lynda Roberts
Mono County Clerk
lroberts@mono.ca.gov

**ABANDONMENT OF FICTITIOUS BUSINESS
NAME INFORMATION**

Abandonment of Name: Fee	\$ 7.50
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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 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.

Sincerely,

LYNDA ROBERTS
CLERK RECORDER

Deputy Clerk Recorder

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) _____ 3. _____
1. _____ Articles of Incorporation or Organization Number (if applicable)
2. _____

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 () an individual () joint venture () a limited partnership () an unincorporated assoc.
CONDUCTED BY- () husband and wife () a corporation () a general partnership other than a partnership
CHECK ONLY ONE () co-partners () a business trust () a limited liability co. () 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: _____, _____
File # _____

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
LYNDA ROBERTS, MONO COUNTY CLERK
By: _____
() Deputy () Assistant