



CLERK-RECORDER COUNTY OF MONO

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

Shannon Kendall
Mono County Clerk/Recorder

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.**

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
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1 <input type="checkbox"/> First Filing <input type="checkbox"/> Renewal Filing <input type="checkbox"/> With Changes Current Registration # _____	B Once filed, publish once per week for 4 consecutive weeks: MAMMOTH TIMES (760) 934-3929 Or: THE SHEET (760) 924-0048
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THE FOLLOWING PERSON(S) ARE DOING BUSINESS AS:

2 Fictitious Business Name(s) 1. _____ 2. _____	3. _____ Articles of Incorporation or Organization Number (if applicable)
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3 Street Address, City, & State of Principal Place of Business in CA	Zip Code
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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 <input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated assoc. CONDUCTED BY- <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership other than a partnership CHECK ONLY ONE <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> a limited liability co. <input type="checkbox"/> Other:
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6 <input type="checkbox"/> The registrant commenced to transact business under the fictitious name or names listed above on (Date): _____ <input type="checkbox"/> 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:	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
SIGNATURE	TYPE OR PRINT NAME	TYPE OR PRINT NAME/TITLE

8 Filing Fees: <input type="checkbox"/> One Registrant \$12.50 <input type="checkbox"/> Husband and Wife \$12.50 <input type="checkbox"/> 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
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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 FILE IN MY OFFICE. SHANNON KENDALL, MONO COUNTY CLERK-RECORDER By: _____ <input type="checkbox"/> Deputy Clerk <input type="checkbox"/> Assistant Clerk-Recorder File Number: _____
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