

Shannon Kendall Mono County Clerk-Recorder P.O. BOX 237, BRIDGEPORT, CALIFORNIA 93517 (760) 932-5530 • FAX (760) 932-5531

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 <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 or speak directly to Debra VandeBrake at 932-5535.

Sincerely,
Shannon Kendall
Mono County Clerk-Recorder

Mono County Clerk-Recorder

	STATEMENT OF Of use of fictitious busines					
Α	MAIL FILED DOCUMENTS TO:		TY CLERK-RECORDE	ER'S FILING STAMP		
NIANA	F.					
NAM	E:					
MAIL	ING	_				
		4				
PHO	NE: ()	* Clerk to e	nter app. # in se	ection 8A below		
B.	Once filed, publish four consecutive week Mammoth Times (760.934.3					
1	THE FOLLOWING PERSONS HAVE ABANDONE Fictitious Business Name(s)	D THE USE OF THE	FICTITIOUS BU	JSINESS NAME:		
	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 incorpora	ation or organization)			
	Mailing Address	City	Stat	te Zip Code		
4a	Full Name of Registrant (if corporation or limited liability company	/- show state of incorpora	ation or organization)			
	Mailing Address	City	Stat	te Zip Code		
4b	Full Name of Registrant (if corporation or limited Liability company- show state of incorporation or organization)					
	Mailing Address	City	Stat	te Zip Code		
5	THIS BUSINESS IS () an individual () joint ventu CONDUCTED BY- (married couple () a corporat CHECK ONLY ONE () co-partners () a business	ion () a general	partnership o	an unincorporated assoc. other than a partnership Other:		
7	If Registrant is not a corporation, sign:	a corporation, sign: TYPE OR PRINT NAME		7A If Registrant is a Corp/limited liability, sign:		
	SIGNATURE TYPE OR PRINT NAI			CORP. OR LIMITED LIABILITY CO. NAME		
	SIGNATURE TYPE OR PRINT NAME		SIGNATURE/TITLE			
8	Filing Fees: Abandonment \$7.50. Mail COMPLETED abando 237, Bridgeport, CA 93517 (760) 932-5535. A copy will be p					
8a.		I HEREBY CERTIFY TH ORIGINAL STATEME		CORRECT COPY OF THE FFICE.		
	he fictitious business name was filed in Mono County on:	Shannon Kendall , MC	ONO COUNTY CLERK	(
File	# .	() Deputy () A	ssistant			
1		i				

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 Business	-					
Registrant Address						
	Street Address					
	City		State	Zip Code		
I,	, de	clare under penalty of	f perjury under the	e laws of the State of California, that I		
(Print Name)						
am the registrant and in	tend to file this	Fictitious Business N	ame			
Subscribed to the	day of	, at		4		
	(Day)	(Month)	(City)	(State)		
				(Signature)		
				(Signature)		
	CER	TIFICATE OF ACK	NOWLEDGEMI	ENT		
A notary public4h						
document to which this	certificate is att	ached, and not the tru	thfulness, accurac	ntity of the individual who signed the y. or validity of that document.		
STATE OF CALIFOR	RNIA)					
) s:	s				
County of)					
On	, before me			personally appeared		
	1 7 .		nd title of officer he			
subscribed to the withi	n instrument ar is/her signature	nd acknowledged to r	ne that he/she exe	nce, to be the person whose name is ecuted the same in his/her authorized atity upon behalf of which the person		
I certify under PENAL true and correct.	TY OF PERJU	RY under the laws o	f the State of Cali	fornia that the foregoing paragraph is		
			VESS my hand and ARY SEAL)	official seal.		
NOTARY SIGNATUR	RE					