



## CLERK-RECORDER COUNTY OF MONO

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

Scheereen Dedman  
*Mono County Clerk-Recorder*

### ABANDONMENT OF FICTITIOUS BUSINESS NAME INFORMATION

Abandonment of Name: Fee
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\$ 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.

Sincerely,

Scheereen Dedman  
Mono County Clerk-Recorder

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Mono County Clerk-Recorder  
( ) Deputy ( ) Assistant

# STATEMENT OF ABANDONMENT

Of use of fictitious business name statement

<p><b>A MAIL FILED DOCUMENTS TO:</b></p> <p>NAME:</p> <hr/> <p>MAILING</p> <hr/> <p>PHONE: (      )</p> <hr/>	<p style="text-align: center;">MONO COUNTY CLERK-RECORDER'S FILING STAMP</p>    <p style="text-align: center;"><b>* Clerk to enter app. # in section 8A below</b></p>	
<p><b>B.</b> Once filed, publish four consecutive weeks in either of Mono County's official newspapers: <b>Mammoth Times</b> (760.934.3929) or <b>The Sheet</b> (760.924.0048)</p>		
<p><b>THE FOLLOWING PERSONS HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:</b></p>		
1	Fictitious Business Name(s)	3. Articles of Incorporation or Organization Number (if applicable)
	1. 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 CONDUCTED BY- <b>CHECK ONLY ONE</b>	
	<input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated assoc. <input type="checkbox"/> married couple <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership      other than a partnership <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> a limited liability co. <input type="checkbox"/> Other:	
7	If Registrant is not a corporation, sign:	<b>7A</b> 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.	I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.	
	The fictitious business name was filed in Mono County on:	
File #	SCHEEREEN DEDMAN MONO COUNTY CLERK by <input type="checkbox"/> Clerk <input type="checkbox"/> Deputy <input type="checkbox"/> Assistant	

**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, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I  
(Print Name)  
am the registrant and intend to file this Fictitious Business Name

Subscribed to the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

**CERTIFICATE OF ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA    )  
  ) ss  
County of                    )

On \_\_\_\_\_, before me \_\_\_\_\_ personally appeared  
(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.

WITNESS my hand and official seal.  
(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE