

CLERK-RECORDER COUNTY OF MONO

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

Scheereen Dedman Mono County Clerk/Recorder

FICTITIOUS BUSINESS NAME INFORMATION

One Business/One Registrant Name: (Married Couple is one registrant)	\$ 12.50
Additional Business Name Each:	\$ 12.50
Additional Registrant Name Each:	\$ 2.00
Abandonment of Name:	\$ 7.50

This application will expire five years from the date of filing. You will be sent a renewal notification approximately 30 days prior to expiration, but it is your responsibility to ensure your FBN continues to remain valid.

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 within 45 days of your application date (once per week for four consecutive weeks) in a local weekly newspaper in general circulation:
 - Mammoth Times: (760) 934-3929 sales@mammothtimes.com
 - 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.

Please note:

* If filing as a corporation or LLC, please attach a copy of Articles of Incorporation and Secretary of State Statement of Good Standing.

* If filing by mail, an Acknowledgment of Signature by Notary is required.

* At the discretion of the County Clerk, a registrant or an agent may be required to sign an affidavit of identity.

* False declarations are a misdemeanor punishable by a fine of up to \$1,000.

	FICTITIOUS BUSINES	SS NAME S	TATEMENT			
А	MAIL FILED DOCUMENTS TO:	MONO COUNT	Y CLERK-RECORDER'S FILI	NG STAMP		
NAM	E:					
MAIL	ING					
РНО	NE: ()					
	· · · · · ·	Y:\Recorders Office\FI	CTITIOUS BUSINESS NAME S	STATEMENT.doc		
1	() First Filing () Renewal Filing () 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			
	THE FOLLOWING PERSON(0		
2	Fictitious Business Name(s)	3.				
	1.	Articles of Incorporatio	n or Organization Number (if ap	oplicable)		
_	2.			7. 0. 1		
3	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 incorporat	ion or organization)			
-			,			
	Mailing Address	City	State	Zip Code		
4a	Full Name of Registrant (if corporation or limited liability company	- show state of incorporat	ion or organization)			
		Otto	01-1-	Zia O a da		
	Mailing Address	City	State	Zip Code		
4b	Full Name of Registrant (if corporation or limited liability company	- show state of incorporat	ion or organization)			
70						
	Mailing Address	City	State	Zip Code		
5	THIS BUSINESS IS () an individual () joint ventu	ıre () a limited p	oartnership () an uninco	rporated assoc.		
U	CONDUCTED BY- () married couple () a corpora CHECK ONLY ONE () co-partners () a busines		partnership other than iability co. () Other:	a partnership		
6	 () The registrant commenced to transact business under the fict () Registrant has not yet begun to transact business under the fit 	itious name or names liste	ed above on (Date):			
_		culous business name of	l .			
7	If Registrant is not a corporation, sign:		7A If Registrant is a Corp/limited liability, sign:			
	SIGNATURE TYPE OR PRINT NA	ME	CORP. OR LIMITED LIABILI			
	SIGNATURE TIPE OR PRINT NA	CORF. OR LIMITED LIABILI	IT CO. NAME			
	SIGNATURE TYPE OR PRINT NAME		SIGNATURE/TITLE			
	SIGNATURE TYPE OR PRINT NAME		TYPE OR PRINT NAME/TITL	E		
8	Filing Fees: () One Registrant \$12.50 () Married Couple \$12.50 () 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					
	NOTICE - THIS FICTITIOUS NAME STATEMENT AUTOMATICALLY I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE					
ABAI	EXPIRES FIVE (5) YEARS FROM THE FILED DATE. TO ORIGINAL STATEMENT ON FILE IN MY OFFICE. ABANDON THIS NAME WITHIN FIVE YEARS, YOU MUST FILE AN					
(See	ABANDONMENT STATEMENT AND PUBLISH ACCORDINGLY SCHEEREEN DEDMAN, MONO COUNTY CLERK-RECORDER See See Section B). The filing of this statement does not of itself SCHEEREEN DEDMAN, MONO COUNTY CLERK-RECORDER Schee Section B). The filing of this statement does not of itself SCHEEREEN DEDMAN, MONO COUNTY CLERK-RECORDER Schee Schee					
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 By:						
to §1	to §14400 et seq., Business and Professions Code. Questions: Call the Mono County Clerk's Office at (760) 932-5530					

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	Sta	te	Zip Code	
	City	Sta		· · · · · ·	
1 (Print Name) am the registrant and int			ry under the	laws of the State of California, that I	
Subscribed to the	day of (Day)	20, at (Month)	(City)	_ (State)	
				(Cignatura)	
				(Signature)	
	CERTIFI	ICATE OF ACKNOW	LEDGEME	NT	
A notary public or other document to which this	officer completing certificate is attached	g this certificate $\$ erifies ed, and not the truthfuln	only the iden less, accuracy	tity of the individual who signed the . or validity of that document.	
STATE OF CALIFOR	NIA) ss				
County of					
On	, before me			personally appeared	
subscribed to the withi	n instrument and ad s/her signature on	cknowledged to me that	actory evider at he/she exe	ere) ace, to be the person whose name is cuted the same in his/her authorized tity upon behalf of which the person	
I certify under PENAL	TY OF PERJURY	under the laws of the S	State of Calif	ornia that the foregoing paragraph is	

WITNESS my hand and official seal. (NOTARY SEAL)

NOTARY SIGNATURE

true and correct.