

THIS STATEMENT IS A PUBLIC RECORD

FICTITIOUS BUSINESS NAME STATEMENT

TRINITY COUNTY CLERK/RECORDER'S OFFICE
11 COURT STREET/P.O. BOX 1215
WEAVERVILLE, CA 96093-1215

FILING FEE:

\$12.00 for one business name, includes one registrant/owner name.
\$2.00 for each additional registrant/owner or additional business name.

SEE REVERSE SIDE FOR INSTRUCTIONS.

1) This filing is a:

- First filing (Publication Required)
- Refile of previous file # _____ (check appropriate box(es) below)
 - Refiled prior to expiration or within 40 days past expiration, with NO CHANGES
 - With Changes (Publication Required)
 - After 40 days of expiration date (Publication Required)
 - Due to publication requirement not met on previous filing (Publication Required)

- Mailed
- ID Verified

NOTICE: *This statement expires five years from the date it was filed in the office of the County Clerk.* A new FBN statement must be filed *no more than 40 days* from expiration. This filing does not of itself authorize the use of this name in violation of the rights of another under federal, state or common law. (B & P Code 14411 et seq.)

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

2) Fictitious Business Name(s)		Phone Number:	
A: _____	B: _____		
3) Street Address of Principal Place of Business (P.O. Box not acceptable) _____		City: _____	State: _____
_____		Zip Code: _____	
Business Mailing Address if different from above _____			
Name of Registrant (Person, Corporation or LLC name) _____		Corp or LLC show Registration State _____	
4) Last: _____		First: _____	
Residence Address and P.O. Box _____		City: _____	
_____		State: _____	
Business Mailing Address if different from above _____		Articles of Incorporation #: _____	
_____		State: _____	
Name of Registrant (Person, Corporation or LLC name) _____		Corp or LLC show Registration State _____	
5) Last: _____		First: _____	
Residence Address and P.O. Box _____		City: _____	
_____		State: _____	
Business Mailing Address if different from above _____		Articles of Incorporation #: _____	
_____		State: _____	
6) The registrant commenced to transact business under the fictitious business name or names listed above on (Date): _____			
<input type="checkbox"/> not applicable			
7) CHECK ONLY ONE			
This business is conducted by:			
<input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership* <input type="checkbox"/> an unincorporated association			
<input type="checkbox"/> married couple <input type="checkbox"/> a corporation* <input type="checkbox"/> a general partnership <input type="checkbox"/> other than a partnership			
<input type="checkbox"/> co-partners <input type="checkbox"/> a trust <input type="checkbox"/> limited liability company* <input type="checkbox"/> limited liability partnership*			
(An asterisk (*) item requires proof of registration with the California Secretary of State's Office) <input type="checkbox"/> state or local registered domestic partners			
I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)			
8) IF REGISTRANT IS NOT A CORPORATION SIGN BELOW		9) CORPORATIONS AND LLCS, ONLY (Provide Articles of Incorporation)	
_____ Signature		_____ Corporation or Company Name	
_____ Type or Print Name		_____ Signature of Officer and Title	
_____ Signature		_____ Type or Print Name	
_____ Type or Print Name		_____ Type or Print Name	
_____ Signature		_____ Type or Print Name	
_____ Type or Print Name		_____ Type or Print Name	

IF SUBMITTING THE STATEMENT IN PERSON, THE REGISTRANT OR AGENT WILL BE REQUIRED TO PRESENT VALID PHOTO ID FOR ALL THE FICTITIOUS BUSINESS NAME FILINGS.
IF SUBMITTING THE STATEMENT BY MAIL, THE REGISTRANT OR AGENT MUST ATTACH AN AFFIDAVIT OF IDENTITY AND PROVIDE A SELF ADDRESSED STAMPED ENVELOPE.

FOR OFFICE USE ONLY

CERTIFICATION: I hereby certify that the foregoing is a correct copy of the original on file in my office.

SHANNA S WHITE, County Clerk/Recorder/Assessor

By: _____, Deputy

INSTRUCTIONS FOR COMPLETION -FORM MUST BE LEGIBLY COMPLETED USING BLACK INK ONLY

1. **FILING STATUS:** Please check the appropriate box. If this filing is a REFILE or RENEWAL, insert the Previous File Number and check the applicable box(es).

NOTE: This office will always send information addressed to the business name and address identified in section #2 and #3.

2. **FICTITIOUS BUSINESS NAME(S):** Insert the exact NAME OF THE BUSINESS. Please use an addendum page if you are registering more than 1 business names. All business names on the same filing must have the same business address and owner. If the BUSINESS NAME includes the words CORPORATION, CORP., INC., LIMITED LIABILITY COMPANY, LIMITED LIABILITY PARTNERSHIP, LIMITED PARTNERSHIP or any abbreviation indicating such business entity, i.e., LLC, LLP, or LP., the ownership entity identified in section #4 must also be the same business entity type.

3. **ADDRESS OF BUSINESS:** Insert the street address of the principal place of business in California, including the county. **DO NOT USE P.O. BOX, RENTAL DROP BOXES, PMB'S, C/O (IN CARE OF) ADDRESSES.** If the registrant has no place of business in California, the proper place to file the Fictitious Business Name Statement is with the Clerk-Recorder's Office of Sacramento County.

4-5. **OWNER/REGISTRANT NAME(S) AND ADDRESS:** Insert SEPARATELY (one name per section) the name and address of each registrant-owner as identified below. Do NOT use P.O.Box, rental mail/drop box, PMB or ? addresses. If the registrant is: an individual - insert his or her full name and residence address; married couple -insert the full name and residence address of both parties to the marriage; general partnership, copartnership, joint venture, limited liability partnership, or unincorporated association other than a partnership insert the full name and residence address of each general partner; limited partnership -insert the full name and residence address of each general partner; limited liability company -insert the name and address of the limited liability company, as set out in its articles of organization on file with the California Secretary of State; trust -insert the full name and residence address of each trustee; corporation insert the name and address of the corporation, as identified in its articles of incorporation on file with the California Secretary of State; state or local registered domestic partners -insert the full name and residence address of each domestic partner.

6. **DATE OF COMMENCEMENT OF BUSINESS:** If you have already started to transact business under the fictitious business name being registered, enter the date started. Check the second box if you have not yet begun.

7. **TYPE OF BUSINESS OWNERSHIP:** Check the box which best describes the business organization/type that is conducting the business. **NOTE:** Corporations, Limited Liability Companies, Limited Liability Partnerships and Limited Partnerships require proof of registration with the California Secretary of State's Office.

8-9. **SIGNATURES:** The statement shall be signed as follows: If the registrant is: an individual -by the individual; married couple – by either party to the marriage; general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership -by a general partner; limited liability company -by a manager or officer; trust -by a trustee; corporation -by an officer; state or local registered domestic partnership -by one of the domestic partners. Corporations, limited liability companies, limited partnerships and limited liability partnerships must also complete additional information regarding entity name, title/capacity of signer, article/registration # from CA Secretary of State, and the name of the state where the entity was formed.

FILING FEES: See Top Front Left (FEES Subject to Change Without Notice) If filing by mail, include a check for the appropriate fee made payable to County Clerk/Recorder and send this completed, signed statement with a self-addressed stamped envelope to:

TRINITY COUNTY, CLERK-RECORDER, P.O. BOX 1215, WEAVERVILLE, CA 96093-1215

PLEASE NOTE THE FOLLOWING EXCERPTS FROM THE CALIFORNIA BUSINESS AND PROFESSIONS (B & P) AND GOVERNMENT CODES:

B & P § 17917. (a, b) Within 30 days after a fictitious business name statement has been filed pursuant to this chapter, the registrant shall cause a statement... to be published pursuant to Section 6064 of the Government Code in a newspaper of general circulation... that circulates in the area where the business is to be conducted... in the county where the fictitious business name statement was filed... (d) An affidavit showing the publication of the statement shall be filed with the county clerk where the fictitious business name statement was filed within 30 days after the completion of the publication.

Government Code § 6064. Publication of notice pursuant to this section shall be once a week for four successive weeks.

B & P § 17922. (a) Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement shall file a statement of abandonment of use of fictitious business name.

B & P § 17930. Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).

CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTIONS 17900 -17930 (Fictitious Business Name Statement), can be viewed at the following website: www.leginfo.ca.gov