

RETURN ADDRESS

Name:
 Street:
 City:
 State & Zip:

 Telephone #:

 Published in:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

THE FOLLOWING PERSON(S) HAS/HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

1	Fictitious Business Name(s) A: _____ C: _____ B: _____ D: _____			
2	Street Address & City of Principal Place of Business in California – (P.O Box alone not acceptable)			
3	The Fictitious business Name referred to above Was filed on:	in the County of:	Original File #	
4	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Residence Street Address	City	State ZIP Code	
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Residence Street Address	City	State ZIP Code	
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Residence Street Address	City	State ZIP Code	
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Residence Street Address	City	State ZIP Code	
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Residence Street Address	City	State ZIP Code	
	5	This Business is conducted by: () An Individual () Joint Venture () A Limited Partnership () A Limited Liability Partnership () Husband & Wife () A Corporation () A General Partnership () An Unincorporated Association other than a Partnership (Check One Only) () Co-Partners () A Business Trust () Limited Liability Company () State or Local Registered Domestic Partner		
	6	If Registrant is not a corporation sign below: _____ SIGNATURE TYPE OR PRINT NAME _____ SIGNATURE TYPE OR PRINT NAME _____ SIGNATURE TYPE OR PRINT NAME		7
		If Registrant is a corporation or limited liability company sign below: _____ CORPORATION OR COMPANY NAME _____ SIGNATURE & TITLE _____ TYPE OR PRINT NAME		
This statement was filed with the County Clerk of GLENN County on the date indicated by file stamp above.				