RETURN ADDRESS

Name:
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State & Zip:

Telephone #:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

FICTITIOUS BUSINESS NAME STATEMENT

1 ☐ **FIRST FILING** ☐ **RENEWAL FILING**
Current Registration No._____

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

2 Fictitious Business Name(s)
A: C:
B: D:

Articles of Incorporation/LLC Number (if applicable)
AI/LLC #_____

3 Street Address & City of Principal Place of Business in California – **(P.O Box alone not acceptable)**

4 Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)

Residence Street Address City State ZIP Code

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5 This Business is conducted by: (Check One Only)
( ) An Individual ( ) Joint Venture ( ) A Limited Partnership ( ) A Limited Liability Partnership
( ) a Married Couple ( ) A Corporation ( ) A General Partnership ( ) An Unincorporated Association other than a Partnership
( ) Co-Partners ( ) A Business Trust ( ) Limited Liability Company ( ) State or Local Registered Domestic Partner

6 ( ) The registrant commenced to transact business under the fictitious business name or names listed above on (Date)_____
( ) Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

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 ($1,000.00).)*

7 If Registrant is an individual, married couple, partnership, trust joint venture or Registered Domestic Partner the signature of the individual, general partner, trustee, spouse or domestic partner is required below:

SIGNATURE TYPE OR PRINT NAME
SIGNATURE TYPE OR PRINT NAME
SIGNATURE TYPE OR PRINT NAME

8 If Registrant is a corporation or limited liability company the signature of an officer or manager is required 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.

NOTICE – THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT TIME. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Business and Professions Code).

I HEREBY CERTIFY THAT THE FOREGOING IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE
SHERYL THUR
REGISTRAR-RECORDER/COUNTY CLERK

BY:_____
DEPUTY

If you intend to use the words "Incorporated", "Inc"., "Corporation", or "Corp" the registrant must be a corporation. If you intend to use the words "Limited Liability Company" or "LLC" or "LC", the registrant must be a limited liability company. The County Clerk requires a copy of the articles of incorporation or organization in either case. (Rev. 1/1/2014)