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:		С						
	B:		D):					
2	Street Address & City of Principal Place of Business in California – (P.O Box alone not acceptable)								
3	The Fictitious business	in the		Original					
	Name referred to above	County		File #					
	Was filed on:	of:							
4	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state								
	Business Mailing Address	City		State	ZIP Code				
	Full Name of Registrant (If Corporation of Limited L			ility Company – Incorpora	ted or Organized in which	state)			
						,			
	Business Mailing Address	City		State	ZIP Code				
	5								
	Full Name of Registrant	(If Corporation of Limited L	iah	ility Company - Incorpora	ted or Organized in which	state)			
			-100	ing company moorpore	ice of organized in which	i state)			
	Business Mailing Address	City		State	ZIP Code				
	Dubiness Maining Address	Oity		State	ZIF Code				
Full Name of Registrant (If Corneration of Limited Liebility Company, Incompany)					ted on One animal in which				
Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in						i state)			
	Ductor of Bachler A.L.	0.11							
	Business Mailing Address	City		State	ZIP Code				
-	This Business () An Individu	al () laint Vanture () Alter			Dada sa kis				
5	is conducted by: () A Married C	Couple () A Corporation () A Gene	eral P	artnership () An Unincorporate	d Association other than a Partnersi	nip			
(Check One Only) () Co-Partners () A Business Trust () Limited Liability Company () State or Local Registered Domestic Partner									
6	in registrant is not a corporation ag	ji below.	7		r innited liability company sign b	elow:			
	SIGNATURE								
		TYPE OR PRINT NAME		CORPORATION O	R COMPANY NAME				
	SIGNATURE	TYPE OR PRINT NAME		SIGNATURE & TITLE					
	SIGNATURE	SIGNATURE TYPE OR PRINT NAME							
				TYPE OR	PRINT NAME				
T۲	This statement was filed with the County Clerk of GLENN County on the date indicated by file stamp above								
	The statement was ned with the obanty ofers of OLLING County of the date indicated by file stamp above.								

Updated 1/2024