### MERCED COUNTY CLERK BARBARA J LEVEY

2222 M STREET
MERCED, CA 95340
PH. (209) 385-7627 FAX (209) 385-7626
WWW.CO.MERCED.CA.US

# FICTITIOUS BUSINESS NAME STATEMENT APPLICATION

PLEASE CHECK BOX			<b>NEW FILING</b> (Requires Publication)			RE-FILE (Original filing has not expired-No publication is required)					
FILING FEE		\$35 First business name & one registrant		\$7	\$7 Each additional registrant name \$7 Each additional business name conducting business at the same location						
		G IS DONE <u>BY OTHE</u> ASE PROVIDE NAMI			Agent's Name Address						
EICT	ITIOLIS	BUSINESS NAME	FICTITIO	OUS BUS	SINES	S NAME IN	FORMATIO	ON			
		TREET ADDRESS	Street Address, City, Zip Code								
		DDRESS		Stre	eet Addr	ess, City, Zip Cod					
Started transacting business o								County:	County		
	e of orga Name	nization if other than Coof Registrant or Co	Cinsert the name and a California. If additional sorp. or LLC	ddress as	set ou		s of organiza		th the California Secretary of State and n.		
L	Reside	ence or Corp./LLC S	treet Address								
2	Name	of Registrant or Co	orp. or LLC								
	Reside	ence or Corp./LLC S	treet Address								
						E TYPE					
		AN INDVIDUAL	(Please check box that in GENERAL PART				OW you are conducting business)  UNINCORPORATED ASSOCIATION  OTHER THAN A PARTNERSHIP				
	CO-PARTNERS			LIMITED PAI	D PARTNERSHIP			*CORPORATION			
		MARRIED COUPLE		ITED LIABILIT	TY PART	NERSHIP		STATE OR I	OCAL REGISTERED DOMESTIC PARTNERS		
		JOINT VENTURE		TRU	JST				*LIMITED LIABILITY COMPANY		
Ident	<b>is</b> issued city	by the CA. Secretary of  PRINT  PRINT	State certifying that the	e business [ [	DECL Decla Decla	ARATION re that all o	f the infor	nding (B&P 17 mation in th mation in th	ip please submit a <i>Certificate of</i> 913(5)(f)) along with the Affidavit of his statement is true and correct. his statement is true and correct. er pursuant to this section that the		
			ilty of a misdemeano	_	able k		=		=		
		Signature of	1 <sup>st</sup> Registrant			_	Print N	LLC include your officer title			
		Signature of	2 <sup>nd</sup> Registrant		Print Name/if corp. or LLC include your officer title						
Notice the da any ch Fictitie	e: In acconte it was nange in too bus Busin	ordance with subdivisic filed in the office of th the facts set forth in th ness Name statement	on (a) of the B&P code son e County Clerk. Except e statement pursuant to must be filed before the	ection 179 as provido B&P cod e expiration	920, a led by de 179 <b>on.</b> Th	Fictitious Nan subdivision (b 13 other than ne filing of this	ne Statement ) of the B&P a change in t statement c	t generally exp code section 1 the residence a does not of itse	ires at the end of five (5) years from 7920, where it expires 40 days after address of a registered owner. A new lef authorize the use in this state of a et seq., Business and Professions code.		

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#### INSTRUCTIONS FOR COMPLETION OF STATEMENT

#### **BUSINESS AND PROFESSIONS CODE SECTION 17913:**

- CHECK BOX THAT BEST APPLIES TO THE TYPE OF FILE BEING DONE. SELECT "NEW FILING" IF:
- 1. This is the first time a Fictitious Business Name has been submitted
- 2. If more than 40 days have passed from expiration date from original filing
- 3. If any changes in facts from original file have occurred.
- CHECK RE-FILE BOX ONLY IF:
- 1. Filing is done on or before 40 days from date of expiration from original file
- 2. No changes to original file have occurred.
- 3. Business and Professions Code Section 17913(5)(c)
- IF FILING OF THE FICTITIOUS BUSINESS NAME STATEMENT IS DONE BY OTHER THAT THE REGISTRANT (OWNER)
- 1. Enter full name of agent acting on behalf of registrant
- 2. Enter complete address of agent
- FICTITIOUS BUSINESS NAME INFORMATION
- 1. Enter fictitious business name
- 2. Enter street address of business Mail Box or Postal Box Numbers are not acceptable as business addresses
- 3. Enter mail address Mail Box or Postal Box numbers may be entered in this section
- 4. Only those businesses operating at the same address and under the same ownership may be listed on the same **statement**. If the registrant has a place of business in this state, insert the **street address and county** of his or her **principal** place of business in this state. If the registrant has no place of business in this state, insert the **street address and county** of his or her **principal** place of business outside this state and file with the Clerk of Sacramento County (B&P 17915)
- 5. Enter date the registrant commenced to transact business under Fictitious Business Name. If no business transactions have begun to date enter "N/A" (Non Applicable)

#### • REGISTRANT INFORMATION

- 1. If the registrant is an individual, insert his or her full name and residence address
- 2. If the registrants are a married couple, insert the full name and residence address of both parties to the marriage
- 3. If the registrant is a general partnership, co-partnership, joint venture, limited liability partnership, or unincorporated association other than a partnership, insert the full name and residence address of each general partner
- 4. If the registrant is a **limited partnership**, insert the full name and residence address of each general partner
- 5. If the registrant is a **limited liability company**, insert the CA. Secretary of State file number, name and address of the limited liability company, as set out in its articles of organization on file with the CA. Secretary of State and the state of organization
- 6. If the registrant is a trust, insert the full name and residence address of each trustee
- 7. If the registrant is a **corporation**, insert the CA. Secretary of State file number, name and address of the corporation, as set out in its articles of incorporation on file with the CA. Secretary of State and the state of incorporation
- 8. If the registrants are state or local registered domestic partners, insert the full name and residence address of each domestic partner
- FILE TYPE
- 1. Check the box on the front of the form that best describes the nature of the business.
- DECLARATION
- Insert Name of Registrant(s) declaring that all information of the Fictitious Business Name Statement is true and correct pursuant to B&P 17913(5)(c)
- SIGNATURE(S)
- 1. Signatures of Registrant(s), statement shall be signed as follows:
  - If the registrant is an individual, by the individual
  - If the registrants are a married couple, by one of the parties to the marriage.
  - If the registrant is a general partnership, limited partnership, limited liability partnership, co-partnership, joint venture, or unincorporated association other than a partnership, by a general partner
  - If the registrant is a limited liability company, by a manager or officer
  - If the registrant is a trust, by a trustee
  - If the registrant is a corporation, by an officer
  - If the registrant is a state or local registered domestic partnership, by one of the domestic partners

#### • AFFIDAVIT OF IDENTITY

- 1. If filing on behalf of the registrants, check "I AM THE AGENT" box and sign in front of County Clerk at time of filing
- 2. If filing is done by registrant, check "I AM THE REGISTRANT" box and sign in front of County Clerk at time of filing
- 3. If filing is done by mail, complete AFFIDAVIT OF IDENTITY and sign in front of Notary Public. Notary will sign and stamp with notary seal

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## FICTITIOUS BUSINESS NAME STATEMENT AFFIDAVIT OF IDENTITY

Pursuant to B&P code section 17913(e)

#### **AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT**

This affidavit must be signed in the presence of the Deputy County Clerk or if filing by mail, in the presence of a Notary Public.

NAME OF BUSINESS							
I AM THE REGISTRANT							
I AM THE AGENT	First & Last Name						
<u> </u>				ast Name			
			_	t and have been authorized by the registrant on tatement on behalf of the registrant.			
l,				ury under the laws of the State of California, that			
_	~			ame filing on behalf of the registrant and that I			
intend to file the Fictitious Bu		this statement.					
Subscribed on this	Day of	, ZU	<u> </u>	City and State			
				Signature of Registrant or Agent			
Do	Not Write Below	this line - To b	e completed b	y Deputy County Clerk			
ID Verified by	Print Deputy's Name			Deputy's Signature			
EILING OF A FICTITIOUS R	ILISINESS NAME R	V MAII REOLIII	RES SIGNATIIE	RE ACKNOWLEDGMENT BY A NOTARY PUBLIC			
				**************			
	CER	RTIFICATE OF A	CKNOWLEDGE	MENT			
STATE OF CALIFORNIA							
	}						
COUNTY OF	} } ss						
COUNTY OF	} } } ss }						
On	}	ore me,					
On	} befo			Insert name and title of officer here			
On	} befo		Insert name of registrar	Insert name and title of officer here			
Ononsert date otary public, personally appeare who proved to me on the basis o	before  ed of satisfactory evide/ e/she executed the	lence, to be the	Insert name of registrar e person whose er authorized (	Insert name and title of officer here  nt/agent e name is subscribed to the within instrument capacity, and that by his/her signature on the			
On	before  ed of satisfactory evide/she executed the otility upon behalf o	lence, to be the e same in his/h of which the pe	Insert name of registrar e person whose er authorized or rson acted, exe	Insert name and title of officer here  nt/agent e name is subscribed to the within instrument capacity, and that by his/her signature on the			
On	before  ed of satisfactory evide/she executed the otility upon behalf o	lence, to be the e same in his/h of which the pe	Insert name of registrar e person whose er authorized or rson acted, exe	nt/agent e name is subscribed to the within instrument capacity, and that by his/her signature on the ecuted the instrument.  that the foregoing paragraph is true and correct.  WITNESS my hand and official seal			