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

NEW FILING (Requires Publication) ☐

RE-FILE (Original filing has not expired-No publication is required) ☐

FILING FEE	**$35** First business name & one registrant	**$7** Each additional registrant name	**$7** Each additional business name conducting business at the same location

IF FILING IS DONE BY OTHER THAN REGISTRANT
PLEASE PROVIDE NAME AND IDENTIFICATION NUMBER
(driver license number or other valid government issued ID)

Agent's Name	
Address	
ID # /ID Type	
Phone #	

FICTITIOUS BUSINESS NAME INFORMATION

FICTITIOUS BUSINESS NAME		
BUSINESS STREET ADDRESS	Street Address, City, Zip Code	
MAILING ADDRESS	Street Address, City, Zip Code	Phone number
Started transacting business on:	Insert date or N/A if to date no business transactions have begun	

REGISTRANT(S) INFORMATION

NOTE: If the Registrant is a Corp. or LLC insert the name and address as set out in the articles of organization on file with the California Secretary of State and the state of organization if other than California. If additional space is needed, please attach an "additional name" form.

1	Name of Registrant or Corp. or LLC		
	Residence or Corp./LLC Street Address		
	ID # (driver license or other valid government issued ID)		PHONE#

2	Name of Registrant or Corp. or LLC		
	Residence or Corp./LLC Street Address		
	ID # (driver license or other valid government issued ID)		PHONE#

FILE TYPE

(Please check box that indicates how you are conducting business)

	AN INDVIDUAL		GENERAL PARTNERSHIP		UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP
	CO-PARTNERS		LIMITED PARTNERSHIP		*CORPORATION
	MARRIED COUPLE		*LIMITED LIABILITY PARTNERSHIP		STATE OR LOCAL REGISTERED DOMESTIC PARTNERS
	JOINT VENTURE		TRUST		*LIMITED LIABILITY COMPANY

If filing is done **by mail** and under file type: *Corporation, *Limited Liability Company, or *Limited Liability Partnership please submit a ***Certificate of Status*** issued by the CA. Secretary of State certifying that the business entity's existence is in good standing (B&P 17913(f)) along with the Affidavit of Identity

DECLARATION

I, PRINT NAME Declare that all of the information in this statement is true and correct.

I, PRINT NAME Declare that all of the information in this statement is true and correct.

Pursuant to Government Code Section 17913(5)(c) -A registrant who declares as true any material matter pursuant to this section that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars ($1,000)

SIGNATURES

Signature of 1st Registrant — Print Name/if corp. or LLC include your officer title

Signature of 2nd Registrant — Print Name/if corp. or LLC include your officer title

NOTICE: Registrant or Agent filing Fictitious Business Name Statement must complete Affidavit of Identity on page 3 of this form (B&P 17913(e).)

Notice: In accordance with subdivision (a) of the B&P code section 17920, a Fictitious Name Statement generally expires at the end of five (5) years from the date it was filed in the office of the County Clerk. Except as provided by subdivision (b) of the B&P code section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to B&P code 17913 other than a change in the residence address of a registered owner. **A new Fictitious Business Name statement must be filed before the expiration.** The filing of this statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the right of another under federal, state, or common law (see section 14411 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
3. Enter ID Number of government issued ID, e.g.; Driver License, Passport, Visa

- **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**

1. 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 BUSSINESS 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 _____ _____
First & Last Name *Registrant Signature*

☐ I AM THE AGENT _____ _____
First & Last Name *Registrant Signature*

By signing below I declare that I am the registrant or the authorized agent and have been authorized by the registrant on this Fictitious Business Name filing to submit the above Fictitious Name Statement on behalf of the registrant.

I, _____, declare under penalty of perjury under the laws of the State of California, that **I am the Registrant or Authorized Agent to submit the Fictitious Business Name filing on behalf of the registrant and that I intend to file the Fictitious Business Name on this statement.**

Subscribed on this Day of , 20 at
Date Month Year City and State

_____
Signature of Registrant or Agent

Do Not Write Below this line - To be completed by Deputy County Clerk

ID Verified by _____ _____
Print Deputy's Name Deputy's Signature

FILING OF A FICTITIOUS BUSINESS NAME BY MAIL REQUIRES SIGNATURE ACKNOWLEDGMENT BY A NOTARY PUBLIC

****

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA }
COUNTY OF _____} SS
}

On_____, before me_____ personally appeared
Insert date Insert name and title of officer here

Who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of the State of California that the foregoing paragraph is true and correct.

_____
Notary's signature

WITNESS my hand and official seal
(Notary Seal)