

MERCED COUNTY CLERK

BARBARA J. LEVEY

2222 M STREET

MERCED, CA 95340

PH. (209) 385-7627 • FAX (209) 385-7626

www.CountyofMerced.com

FICTITIOUS BUSINESS NAME STATEMENT APPLICATION

PLEASE CHECK THE APPROPRIATE BOX

NEW FILING (Requires Publication) RENEWAL (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 ADDRESS

AGENT'S NAME	
ADDRESS	

FICTITIOUS BUSINESS NAME INFORMATION

FICTITIOUS BUSINESS NAME	
BUSINESS STREET ADDRESS	COUNTY:

MAILING ADDRESS		PHONE:
STARTED TRANSACTING BUSINESS ON:		

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, Corp., or LLC	
	Residence or Corp./LLC Street Address	

2	Name of Registrant, Corp., or LLC	
	Residence or Corp./LLC Street Address	

FILE TYPE

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

<input type="checkbox"/>	AN INDIVIDUAL	<input type="checkbox"/>	GENERAL PARTNERSHIP	<input type="checkbox"/>	UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP
<input type="checkbox"/>	CO-PARTNERS	<input type="checkbox"/>	LIMITED PARTNERSHIP	<input type="checkbox"/>	*CORPORATION
<input type="checkbox"/>	MARRIED COUPLE	<input type="checkbox"/>	*LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/>	STATE OR LOCAL REGISTERED DOMESTIC PARTNERS
<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	TRUST	<input type="checkbox"/>	*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(5)(f))

DECLARATION

1st Registrant I, _____ Declare that all of the information in this statement is true and correct.

2nd Registrant I, _____ 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: In accordance with subdivision (a) of B&P code section 17920, a Fictitious Business 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 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 date.** 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).

MERCED COUNTY CLERK
BARBARA J. LEVEY
2222 M STREET, MERCED, CA 95340
PH. (209) 385-7627 • FAX (209) 385-7626
www.CountyofMerced.com

INSTRUCTIONS FOR COMPLETION OF STATEMENT

BUSINESS AND PROFESSIONS CODE SECTION 17913:

- **CHECK BOX THAT BEST APPLIES TO THE TYPE OF FILING BEING DONE. SELECT "NEW FILING" IF:**
 1. This is the first time a Fictitious Business Name has been submitted
 2. More than 40 days have passed from expiration date of original filing
 3. Any changes in facts from original filing have occurred.
- **CHECK RENEWAL BOX ONLY IF:**
 1. Filing is done on or before 40 days from date of expiration of original filing
 2. No changes to original file have occurred.
- **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 mailing 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 started 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.
 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...etc.
 4. If the registrant is a **limited partnership**, insert the full name and residence address of each 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
 - 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

After county approval, Fictitious Business Name Statements are to be published in a newspaper once a week for 4 consecutive weeks. Within 30 days after filing, please contact a newspaper within the county's general circulation. The newspaper will then send you a proof of publication that either needs to be mailed or brought to the County Clerk Office.