

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	<h1 style="margin: 0;">FICTITIOUS BUSINESS NAME STATEMENT</h1> <h2 style="margin: 0;">APPLICATION</h2>
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PLEASE CHECK BOX	NEW FILING (Requires Publication) <input style="width:40px; height:25px;" type="checkbox"/>	RE-FILE (Original filing has not expired-No publication is required) <input style="width:40px; height:25px;" type="checkbox"/>
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FILING FEE	\$35 First business name & one registrant	\$7 Each additional registrant name	\$7 Each additional business name conducting business at the same location
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**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	<small>Street Address, City, Zip Code</small>		
MAILING ADDRESS	<small>Street Address, City, Zip Code</small>	<small>Phone number</small>	
Started transacting business on:	<small>Insert date or N/A if to date no business transactions have begun</small>	County:	<small>County</small>

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

FILE TYPE

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

	AN INDIVIDUAL		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(5)(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 1 st Registrant	Print Name/if corp. or LLC include your officer title
Signature of 2 nd 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.