



KRISTIN B. CONNELLY
CONTRA COSTA CLERK-RECORDER
555 ESCOBAR STREET
MARTINEZ, CA 94553
(925) 335-7900

This space for Clerk's use only

☐ Original ☐ New Filing (Change in Facts) ☐ Refile (No Change in Facts)

Expires: _____ ☐ ID Checked ☐ Received by Mail

FILING FEE: \$30.00 - \$7.00 per each additional Business Name or Registrant Owner

FICTITIOUS BUSINESS NAME STATEMENT

* The following person (persons) is (are) doing business as:

** Street Address (No PO Box, Postal Facility or PMB)

Mailing Address If Different

City State Zip Code County

City State Zip Code

*** REGISTRANT NAME & ADDRESS

*** REGISTRANT NAME & ADDRESS

Name

Name

Street Address (No PO Box, Postal Facility or PMB)

Street Address (No PO Box, Postal Facility or PMB)

City, State & Zip Code

City, State & Zip Code

*** REGISTRANT NAME & ADDRESS

*** REGISTRANT NAME & ADDRESS

Name

Name

Street Address (No PO Box, Postal Facility or PMB)

Street Address (No PO Box, Postal Facility or PMB)

City, State & Zip Code

City, State & Zip Code

Note: If more than Four Registrants, attach additional Sheet

**** This business is conducted by:

- | | | |
|---|---|--|
| <input type="checkbox"/> An Individual | <input type="checkbox"/> A General Partnership | <input type="checkbox"/> A Limited Liability Company, State of Organization: _____ |
| <input type="checkbox"/> A Married Couple | <input type="checkbox"/> A Limited Partnership | <input type="checkbox"/> A Corporation, State of Incorporation: _____ |
| <input type="checkbox"/> Copartners | <input type="checkbox"/> A Trust | <input type="checkbox"/> A Limited Liability Partnership: _____ |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> State/Local Registered Domestic Partners | <input type="checkbox"/> An Unincorporated Association other than a partnership |

*****The registrant commenced to transact business under the fictitious business name or names listed above on:

Enter N/A if you have not yet commenced to transact business

Note: Cannot be a future date

(Month/Day/Year or N/A)

I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

Print Name of Signer. If Corporation or LLC, also print title of Officer/Manager.

Signature of Registrant

NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 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 RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

CERTIFICATION
I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY
OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

KRISTIN B. CONNELLY, COUNTY CLERK-RECORDER

BY: _____ DEPUTY CLERK

INSTRUCTIONS FOR COMPLETION OF FORM AND INSTRUCTIONS -REVISED 01/01/2014

Business and Professions Code Section 17915

The fictitious business name statement shall be filed with the clerk of the county in which the registrant has his or her principal place of business in this state or, if the registrant has no place of business in this state with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than where the principal place of business is located, as long as the requirements of this subdivision are also met.

Business and Professions code Section 17900(b)(1)

In the case of an individual, a name that does not include the surname of the individual or name that suggests the existence of additional owners, as described in subdivision (c).

*** Where one asterisk appears in the form:**

- (a) Insert the fictitious business name or names
- (b) Only those businesses operated at the same address and under the same ownership may be listed on one

**** Where two asterisks appear in the form:**

- (a) 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
- (b) 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 (Business & Professions Code Section 17915)
- (c) Mail box and post office box numbers are NOT acceptable as a business address when used alone without a street address.

*****Where three asterisks appear in the form:**

- (a) If the registrant is an **individual**, insert his or her full name and residence address
- (b) If the registrants are a **married couple**, insert the full name and residence address of both spouses
- (c) If the registrant is a **general partnership, co-partnership, joint venture, limited liability partnership, unincorporated association other than a partnership or a limited partnership** insert the full name and residence address of **each general partner**
- (d) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, exactly as set out in the articles of organization on file with the CA Secretary of State, and the state of organization
- (e) If the registrant is a **trust**, insert the full names and residence address of each trustee
- (f) If the registrant is a **corporation**, insert the name and address of the corporation, exactly as set out in the articles of incorporation with the CA Secretary of State, and the state of incorporation
- (g) If the registrants are **state registered domestic partners**, insert the full name and residence address of each domestic partner

******Where four asterisks appear in the form:**

- (a) Check whichever of the terms listed on the front of the form best describes the nature of the business

*******Where five asterisks appear in the form:** *Business and Professions Code Section 17913*

- (a) Insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names
- (b) Insert **N/A** if you have not yet commenced to transact business under the fictitious business names or names listed

SIGNATURE OF REGISTRANT *Business and Professions Code Section 17914*

The statement shall be signed as follows:

- (a) If the registrant is an **individual**, by the individual
- (b) If the registrants are a **married couple**, by either party
- (c) If the registrant is a **general partnership, limited partnership, limited liability partnership, co-partnership, joint venture, or unincorporated association other than a partnership**, by the general partner
- (d) If the registrant is a **limited liability company**, by a manager or officer –indicate his/her title, an agent is not acceptable
- (e) If the registrant is a **trust**, by a trustee
- (f) If the registrant is a **corporation**, by an officer –indicate his/her title
- (g) If the registrant is a **state registered domestic partnership**, by one of the domestic partners

PUBLICATION for Original, New Filings (renewal with change in facts from previous filing), or Re-file *Business and Professions Code Section 17917*

- (a) Within 45 days after a fictitious business name statement has filed, the registrant shall cause it to be published in a newspaper of general circulation in the county where the fictitious business name statement was filed. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County. The publication must be once a week for 4 successive weeks and an affidavit of publication must filed with the county clerk where the fictitious business name statements were filed within 45 days after the completion of the publication.
- (b) If a re-filing is required because the prior statement has expired, the re-filing need not be published, unless there has been a change in the information required in the expired statement, provided the re-filing is filed within 40 days of the date the statement expired.

ABANDONMENT OF FICTITIOUS BUSINESS NAME *Business and Professions Code Section 17922*

Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement shall file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and shall be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.