

COUNTY CLERK
168 W. Alisal Street, 1st Floor
P.O. Box 29
Salinas, CA 93902

FICTITIOUS BUSINESS NAME: ADDITIONAL INFORMATION FORM			
Please TYPE or PRINT legibly in DARK ink only and use additional sheets as needed.			
ADDITIONAL BUSINESS NAMES			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
ADDITIONAL REGISTRANTS			
*If a corp., LLC, etc., enter complete name, state of incorporation/organization/registration (individual name is left blank)			
(3) Name of Individual Registrant (First Name)		(Middle Name)	(Last Name)
(3) Name of Corporation of LLC as shown in the Articles of Inc./Org./Reg.			State of Inc./Org./Reg.
Business Mailing Address (if it differs from the business address)		City	State Zip Code
(4) Name of Individual Registrant (First Name)		(Middle Name)	(Last Name)
(4) Name of Corporation of LLC as shown in the Articles of Inc./Org./Reg.			State of Inc./Org./Reg.
Business Mailing Address (if it differs from the business address)		City	State Zip Code
(5) Name of Individual Registrant (First Name)		(Middle Name)	(Last Name)
(5) Name of Corporation of LLC as shown in the Articles of Inc./Org./Reg.			State of Inc./Org./Reg.
Business Mailing Address (if it differs from the business address)		City	State Zip Code
(6) Name of Individual Registrant (First Name)		(Middle Name)	(Last Name)
(6) Name of Corporation of LLC as shown in the Articles of Inc./Org./Reg.			State of Inc./Org./Reg.
Business Mailing Address (if it differs from the business address)		City	State Zip Code
Signature is required on Page 1 and any additional pages			
BY SIGNING BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE REVERSE SIDE OF THIS FORM AND THAT ALL INFORMATION 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). I am also aware that all information on this statement becomes a Public Record upon filing.			
Signature		Printed Name of Person Signing	
If Corporation or LLC, Print Title of Person Signing			Date