

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

Submit Original and 3 copies.
Provide self addressed stamped envelope, if mailed.

**PUBLICATION IS REQUIRED IF FIRST TIME FILING,
 REFILING WITH CHANGES, OR FILING EXPIRED**
SEE REVERSE SIDE FOR INSTRUCTIONS

FICTITIOUS BUSINESS NAME STATEMENT					
<input type="checkbox"/> ORIGINAL FILING (Publication is Required) <input type="checkbox"/> NEW FILING – with CHANGE(S) from the previous filing (Publication is Required) <input type="checkbox"/> RENEWAL FILING – filed within 40 days of the expiration date and no CHANGE(S) from the previous filing (No Publication Required) <input type="checkbox"/> ABANDONMENT: County of Filing _____ Date of Original Filing _____ File No. _____ (FOR ABANDONMENT FILINGS, PLEASE SKIP ITEM # 5 BELOW) (Publication is Required)					
Fictitious Business Name Filing Fee is \$50.00 Includes one registrant (please make check payable to County Clerk) \$ 7.00 ea. Additional FBN name filed on same statement and operating at the same location \$ 7.00 ea. Additional registrant Statement of Abandonment Filing Fee is \$40.00 Please TYPE or PRINT legibly and firmly in DARK ink (no alterations). See reverse side for filing and publishing instructions. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. THE FOLLOWING PERSON(S) IS(ARE) DOING BUSINESS AS:					
1.	LIST FICTITIOUS BUSINESS NAME(S) BELOW: 1. 2.			County of Principal Place of Business	
2.	Street Address of Principal Place of Business	City	State	Zip Code	
<small>P.O. BOX ALONE IS NOT ACCEPTABLE</small>					
3.	Name of Individual Registrant (First Name)		(Middle Name)		
			(Last Name)		
	Name of Corporation or LLC as shown in the Articles of Inc./Org./Reg. (individual name is left blank)			State of Inc./Org./Reg.	
	Business Mailing Address (if it differs from the business address)		City	State	Zip Code
	Name of Individual Registrant (First Name)		(Middle Name)		(Last Name)
	Name of Corporation or LLC as shown in the Articles of Inc./Org./Reg.(individual name is left blank)			State of Inc./Org./Reg.	
Business Mailing Address (if it differs from the business address)		City	State	Zip Code	
LIST ANY ADDITIONAL NAMES ON ADDITIONAL FORM					
4.	(CHECK ONE ONLY) This business is conducted by: <input type="checkbox"/> an individual <input type="checkbox"/> a general partnership <input type="checkbox"/> a limited partnership <input type="checkbox"/> a limited liability company <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> a corporation <input type="checkbox"/> a trust <input type="checkbox"/> co-partners <input type="checkbox"/> a married couple <input type="checkbox"/> joint venture <input type="checkbox"/> state or local registered domestic partners <input type="checkbox"/> a limited liability partnership				
5.	Registrant commenced to transact business under the fictitious business name or names listed above on (do not enter a future date). _____ (If registrant has not yet commenced to transact business, insert the statement "Not Applicable"). _____ Month, Day, Year				
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 pursuant to the California Public Records Act (Government Code Sections 6250-6277). Sign below (see instructions on reverse for signature requirements): Signature: _____ Printed Name of Person Signing: _____ If Corporation or LLC, Print Title of Person Signing: _____ Date: _____					
CERTIFICATION: I hereby certify that the foregoing is a correct copy of the original on file in my office. XOCHITL MARINA CAMACHO, County Clerk By _____ Deputy					
<small>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 BUSINESS MAILING 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).</small>					

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Business and Professions Code Section 17913

1.
 - (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 statement.
 - (c) Insert franchise no. (if applicable) and County of Principal Place of Business
2.
 - (a) If the registrant has a place of business in this state, insert the **street address** of his or her **principal** place of business in this state
 - (a) If the registrant has no place of business in this state, insert the **street address** of his or her **principal** place of business outside this state and file with the Clerk of Sacramento County (B&P 17915)
 - (b) Mail Box and Post Office Box Numbers **are not acceptable** as a business address when used alone without a street address
3.
 - (a) If the registrant is an **individual**, insert his or her full name and *business mailing address if it differs from the business address*
 - (b) If the registrants are a **married couple**, insert the full name and *business mailing address of both parties to the marriage if it differs from the business address*
 - (c) If the registrant is a **general partnership, copartnership, joint venture, limited partnership, limited liability partnership, or unincorporated association other than a partnership**, insert the full name and *business mailing address of each general partner if it differs from the business address*
 - (d) If the registrant is a **limited liability company**, insert the name and *business mailing 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
 - (e) If the registrant is a **trust**, insert the full name of each trustee and *business mailing address of each trustee*
 - (f) If the registrant is a **corporation**, insert the 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
 - (g) If the registrants are **state or local registered domestic partners**, insert the full name and *business mailing address* of each domestic partner *if it differs from the business address*
4.
 - (a) Check whichever of the terms listed on the front of the form best describes the nature of the business
5.
 - (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 name or names listed

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 to the marriage
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership, by a general partner
- (d) If the registrant is a limited liability company, by a manager or officer
- (e) If the registrant is a trust, by a trustee
- (f) If the registrant is a corporation, by an officer
- (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

Business and Professions Code Section 17915

The fictitious business names 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 that where the principal place of business is located, as long as the requirements of this subdivision are also met.

Business and Professions Code Section 17917

Publication for Original and New Filings – with change(s) from previous filing and Statement of Abandonments

- (a) Within 45 days after a fictitious business name or statement of abandonment has been 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 once a week for four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name was filed within 45 days after the completion of the publication.
- (b) If a renewal filing, no publication is required.

Business and Professions Code Section 17922

Abandonment of Fictitious Business Name

- (a) 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 a fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name state and **shall** be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

This statement of abandonment shall be published in the same manner as a fictitious business name statement and an affidavit showing its publication shall be filed with the county clerk after the completion of publication.

Business and Professions Code Section 17930

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1000).

PLEASE FILL-OUT YOUR CONTACT INFORMATION BELOW:

NAME: _____

PHONE: _____

E-MAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT: PHONE EMAIL

AMOUNT ENCLOSED \$ _____

THE FEE TO FILE A FICTITIOUS BUSINESS NAME IS \$50 FOR THE FIRST BUSINESS NAME AND OWNER, \$7 FOR EACH ADDITIONAL BUSINESS NAME OR OWNER'S NAME

-OR-

\$40 TO FILE A STATEMENT OF ABANDONMENT

Please send your contact information, the completed fictitious business name statement (original and 3 copies), a self-addressed stamped envelope and a check or money order payable to:

**MONTEREY COUNTY CLERK
P.O. Box 29
Salinas, CA 93902**