

# STANISLAUS COUNTY CLERK-RECORDER, REGISTRAR OF VOTERS & COMMISSIONER OF CIVIL MARRIAGES P.O. BOX 1670

MODESTO, CA 95353 (209) 525-5251

Previous #:		
Expires:	ID Checked	Received by Mail

Original	New Filing (Cha	ange in Facts)	Refile	(No Change in Fac	ts) <b>Ex</b>	pires:			ID Checked	Received by Mail	
FILING FEE: \$34.00	0 - \$7.00 per each a	dditional Busi	ness Name and	d/or Registrant Ov	vner in e	xcess of two Owne	rs. FILE N	IUMBER	<b>l</b> :		
		F	ICTITIOU	S BUSINES	S NA	ME STATEN	1ENT				
* The following person	on(s) is (are) doing										
** Street Address (No PO Box, Postal Facility or PMB)				Mailing Address If Different							
City		State	Zip Code	County	City			State	Zip Code	Phone Number	
IF FILING IS DONE I	BY OTHER THAN	REGISTRAN	JT	Agent Name							
PLEASE PROVIDE N			<del></del>	Address							
*** 1. REGISTRANT	NAME & ADDR	RESS		1	*** 2. REGISTRANT NAME & ADDRESS						
Name (Individual, Corp, LLC, General Partner, Trustee):					Name (Individual, Corp, LLC, General Partner, Trustee):						
Business mailing address					Business mailing address						
City, State & Zip Code					City, State & Zip Code						
*** 3. REGISTRANT NAME & ADDRESS				*** 4. REGISTRANT NAME & ADDRESS							
Name (Individual, Corp, LLC, General Partner, Trustee):				Name (Individual, Corp, LLC, General Partner, Trustee):							
Business mailing address					Business mailing address						
City, State & Zip Cod	le				City, St	ate & Zip Code					
**** This business i	s conducted by										
An Individual A General Partnership				A Limited Liability Company, State of LLC:							
-	A Married Couple A Limited Partnership				A Corporation, State of Incorporation:						
Copartners A Trust  Joint Venture A Limited Liability Partnership					State/Local Registered Domestic Partners  An Unincorporated Association other than a partnership						
Joint Venture		A Limited	Liability I al	incrainp	All U	illicorporated As	Sociation	Julier tila	ii a partileisiii	ν	
***** The registrar	nt commenced to	transact bus	siness under t	the fictitious bus	siness n						
I declare that all inf	overstion in this s	tatamant is	*** and an	ant /A registre	+ <b>+</b>		not be a future			Day/Year or N/A)	
the Business and Pr dollars (\$1,000).)											
Print Name of Pe	rson Signing. If C	Corporation, N	ame of Corpor	ation & Corporate	Officer 1	itle. If LLC, Name &	Officer Title	e (Officer,	Manager or Mar	naging Member only)	
						Reserved for County Seal	1				
Signature of Registrant/Corporation Officer/LLC Officer, Manager or Managing Member					CERTIFICATION  I HEREBY CERTIFY THAT THIS COPY IS A  CORRECT COPY OF THE ORIGINAL  STATEMENT ON FILE IN MY OFFICE.						
NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEME 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, WHEF 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.				E	DONNA LINDER COUNTY CLERK-RECORDER						
							BY				
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).					1	DEPUTY CLERK					

# **INSTRUCTIONS FOR COMPLETION OF STATEMENT**

#### **BUSINESS AND PROFESSIONS CODE SECTION 17913**

#### \* 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 statement

#### \*\* 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 (B&P 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 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 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 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 partnership**, insert the full name and business mailing address of each general partner.
- (e) 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.
- (f) If the registrant is a trust, insert the full name and business mailing address of each trustee.
- (g) 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.
- (h) 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.

#### \*\*\*\* 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:

- (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 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 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, New Filings (renewal with change in facts from previous filing), or Refile

- (a) Within 45 days after a fictitious business name statement 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 or, if there is no such newspaper in that county, in a newspaper of general circulation in an adjoining county. 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 four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name statement was filed within 45 days after the completion of the publication.
- (b) If a refiling is required because the prior statement has expired, the refiling need not be published, unless there has been a change in the information required in the expired statement, provided the refiling is filed within 40 days of the date the statement expired.

## 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 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.

#### **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 (\$1,000).

Rev. 01/2024 FBN