

FICTITIOUS BUSINESS NAME STATEMENT

Business and Professions Code §17900 ET SEQ.

FILING FEES:

- \$30.00 - FOR FIRST BUSINESS NAME AND FIRST BUSINESS OWNER ON STATEMENT.
- \$ 5.50 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT AND DOING BUSINESS AT THE SAME LOCATION.
- \$ 5.50 - FOR EACH ADDITIONAL OWNER IN EXCESS OF THE FIRST OWNER.

Mail to: Placer County Clerk-Recorder
2954 Richardson Drive, Auburn, CA 95603
(530) 886-5610 or Toll free (800) 488-4308 ext. 5610

This Space Reserved for File Stamp

IF YOUR BUSINESS IS NOT LOCATED IN PLACER COUNTY HAVE YOU FILED AN FBN WHERE YOUR PRINCIPAL PLACE OF BUSINESS IS PHYSICALLY LOCATED? YES NO

PLEASE READ INSTRUCTIONS ON REVERSE SIDE AND PRINT OR TYPE ONLY. APPLICATION MUST BE COMPLETELY LEGIBLE. WHEN FILING BY MAIL PLEASE PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE.

* FICTITIOUS BUSINESS NAME(S) TO BE FILED. (Must be typed or printed legibly)

1.)	3)
2.)	4)

** STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS.

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF PRINCIPAL PLACE OF BUSINESS
2.				

*** REGISTRANT INFORMATION - PHYSICAL ADDRESS IS REQUIRED, PO BOX MAY BE ADDED FOR MAILING.

3.	FULL NAME OF REGISTRANT/OWNER	TELEPHONE #
	REGISTRANT'S ADDRESS	CITY STATE ZIP CODE
	FULL NAME OF REGISTRANT/OWNER	TELEPHONE #
	REGISTRANT'S ADDRESS	CITY STATE ZIP CODE
	FULL NAME OF REGISTRANT/OWNER	TELEPHONE #
	REGISTRANT'S ADDRESS	CITY STATE ZIP CODE
	FULL NAME OF REGISTRANT/OWNER	TELEPHONE #
	REGISTRANT'S ADDRESS	CITY STATE ZIP CODE

IF MORE THAN 3 REGISTRANTS/OWNERS, ATTACH ADDITIONAL SHEETS SHOWING OWNER INFORMATION.

IF REGISTRANT IS A CORPORATION OR LLC, INCLUDE STATE OF INCORPORATION BELOW.

**** BUSINESS CONDUCTED BY: Check only one box

4.	<input type="checkbox"/> A LIMITED PARTNERSHIP	<input type="checkbox"/> AN UNINCORPORATED ASSOCIATION OTHER THAN PARTNERSHIP	<input type="checkbox"/> A GENERAL PARTNERSHIP
	<input type="checkbox"/> AN INDIVIDUAL	<input type="checkbox"/> A LIMITED LIABILITY COMPANY, STATE OF _____	<input type="checkbox"/> CO-PARTNERS
	<input type="checkbox"/> MARRIED COUPLE	<input type="checkbox"/> CORPORATION, STATE OF _____	<input type="checkbox"/> A JOINT VENTURE
	<input type="checkbox"/> TRUST	<input type="checkbox"/> STATE OR LOCAL REGISTERED DOMESTIC PARTNERS	<input type="checkbox"/> A LIMITED LIABILITY PARTNERSHIP

***** BUSINESS COMMENCEMENT DATE:

5.	THE REGISTRANT(S) COMMENCED TO TRANSACT BUSINESS UNDER THE FICTITIOUS BUSINESS NAME(S) LISTED ABOVE ON: (A FUTURE DATE IS <u>NOT</u> ALLOWED. PLEASE INSERT N/A IF DATE IS IN FUTURE.)	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 B&P CODE §14411 ET SEQ.)
	DATE: _____	

6.	NAME: (PRINT NAME OF PERSON SIGNING. IF CORPORATION, ALSO PRINT CORPORATE TITLE OF OFFICER. IF LLC, ALSO PRINT TITLE OF OFFICER OR MANAGER.)
----	--

7.	"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).)
	SIGNATURE: _____

NOTICE: IN ACCORDANCE WITH SUBDIVISION (a) OF §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 §17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO §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 DATE.

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

Ryan Ronco

County Clerk

BY: _____
Deputy

RENEW PRIOR TO: _____

FILE NUMBER: _____

DISTRIBUTION:

1 - FILE COUNTY CLERK

2 - FOR NEWSPAPER PUBLICATION (WHEN REQUIRED)

3 - BANK AND OTHER REQUIRED NEEDS (CERTIFIED)

4 - REGISTRANT'S COPY

ID VERIFIED BY _____

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Business and Professions Code §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 Code §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 parties to the marriage.
 - (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 residence address of each general partner.
 - (d) If the registrant is a **limited partnership**, insert the full name and residence address of each general partner.
 - (e) If the registrant is a **limited liability company**, insert the name and 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 residence 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 residence address of each domestic partner.
- **** Where four asterisks appear in the form:
 - (a) Check the term listed on the front of the form that 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 §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 one of the parties 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 §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 §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 §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 §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 (\$1,000.00).