



CLERK-RECORDER COUNTY OF MONO

P.O. BOX 237, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5530 • FAX (760) 932-5531

Shannon Kendall
Mono County Clerk/Recorder

FICTITIOUS BUSINESS NAME INFORMATION

One Business/One Registrant Name: (Married Couple is one registrant)	\$ 12.50
Additional Business Name Each:	\$ 12.50
Additional Registrant Name Each:	\$ 2.00
Abandonment of Name:	\$ 7.50

This application will expire five years from the date of filing. You will be sent a renewal notification approximately 30 days prior to expiration, but it is your responsibility to ensure your FBN continues to remain valid.

If you should need an abandonment application to abandon this license within five years, please contact the Clerk's Office so we can send you the necessary forms.

Please complete the application and send to: The Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517. **Once this document is filed, you will receive:**

- One certified copy (required by the bank) to open a business account
- One for your records
- One copy for you to send for publishing (once per week for four consecutive weeks) in a local weekly newspaper in general circulation:
 - **Mammoth Times: (760) 934-3929**
 - **The Sheet: (760) 924-0048**

Should you have any questions regarding the above information, please do not hesitate to contact our office at (760) 932-5530 or speak directly to Ashley Strain at 932-5535.

Please note:

- * **If filing as a corporation, please attach a copy of Articles of Incorporation.**
- * **If filing by mail, an Acknowledgement of Signature by Notary is required.**
- * **At the discretion of the County Clerk, a registrant or an agent may be required to sign an affidavit of identity.**
- * **False declarations are a misdemeanor punishable by a fine of up to \$1,000.**

FICTITIOUS BUSINESS NAME STATEMENT

A MAIL FILED DOCUMENTS TO: NAME: _____ MAILING _____ _____ PHONE: () _____	MONO COUNTY CLERK-RECORDER'S FILING STAMP Y:\Recorders Office\FICTITIOUS BUSINESS NAME STATEMENT.doc
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1 <input type="checkbox"/> First Filing <input type="checkbox"/> Renewal Filing <input type="checkbox"/> With Changes Current Registration # _____	B Once filed, publish once per week for 4 consecutive weeks: MAMMOTH TIMES (760) 934-3929 Or: THE SHEET (760) 924-0048
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THE FOLLOWING PERSON(S) ARE DOING BUSINESS AS:

2 Fictitious Business Name(s) _____ 1. _____ 2. _____	3. _____ Articles of Incorporation or Organization Number (if applicable)
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3 Street Address, City, & State of Principal Place of Business in CA _____	Zip Code _____
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4 Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____			
Physical and Mailing Address _____	City _____	State _____	Zip Code _____

4a Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____			
Physical and Mailing Address _____	City _____	State _____	Zip Code _____

4b Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) _____			
Physical and Mailing Address _____	City _____	State _____	Zip Code _____

5 THIS BUSINESS IS <input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated assoc. CONDUCTED BY- <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership other than a partnership CHECK ONLY ONE <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> a limited liability co. <input type="checkbox"/> Other: _____
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6 <input type="checkbox"/> The registrant commenced to transact business under the fictitious name or names listed above on (Date): _____ <input type="checkbox"/> Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

7 If Registrant is not a corporation, sign: SIGNATURE _____ TYPE OR PRINT NAME _____ SIGNATURE _____ TYPE OR PRINT NAME _____ SIGNATURE _____ TYPE OR PRINT NAME _____	7A If Registrant is a Corp/limited liability, sign: CORP. OR LIMITED LIABILITY CO. NAME _____ SIGNATURE/TITLE _____ TYPE OR PRINT NAME/TITLE _____
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8 Filing Fees: <input type="checkbox"/> One Registrant \$12.50 <input type="checkbox"/> Husband and Wife \$12.50 <input type="checkbox"/> Each Additional Registrant \$2.00 * Abandonment \$7.50 Mail COMPLETED Statement, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5530
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NOTICE- THIS FICTITIOUS NAME STATEMENT AUTOMATICALLY EXPIRES FIVE (5) YEARS FROM THE FILED DATE. TO ABANDON THIS NAME WITHIN FIVE YEARS, YOU MUST FILE AN ABANDONMENT STATEMENT AND PUBLISH ACCORDINGLY (See Section B). 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 pursuant to §14400 et seq., Business and Professions Code. Questions: Call the Mono County Clerk's Office at (760) 932-5530.	I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. SHANNON KENDALL, MONO COUNTY CLERK-RECORDER By: _____ <input type="checkbox"/> Deputy Clerk <input type="checkbox"/> Assistant Clerk-Recorder File Number: _____
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AFFIDAVIT OF IDENTITY — FICTITIOUS BUSINESS NAME STATEMENT

In accordance with California State Law, the following identifying information is required to file a Fictitious Business Name Statement.

This certificate must be signed in the presence of a Notary,

Registrant Name _____
 First Name _____ Last Name _____

Name of Business _____

Registrant Address _____
 Street Address _____

City _____ State _____ Zip Code _____

I, _____, declare under penalty of perjury under the laws of the State of California, that I
(Print Name)
am the registrant and intend to file this Fictitious Business Name

Subscribed to the _____ day of _____ 20____, at _____
(Day) (Month) (City) (State)

(Signature)

CERTIFICATE OF ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
) ss

County of

On _____, before me _____ personally appeared
(Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE