

Mailing Address/Mail Statement to:		OFFICE USE ONLY	
Name:		<input type="checkbox"/> ID Checked <input type="checkbox"/> Received by Mail	
Mailing Address:			
City, State & Zip Code:			
Phone Number:	E-Mail:		

STATEMENT OF ABANDONMENT USE OF FICTITIOUS BUSINESS NAME STATEMENT

File Number of Fictitious Business Name Statement:	Date Fictitious Business Name was filed in El Dorado County:
--	--

Fictitious Business Name(s) to be abandoned:

Fictitious Business Name Street Address (No PO Box, Postal Facility or PMB)**

City	State	Zip Code	County
------	-------	----------	--------

THE FOLLOWING PERSON(S) HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

REGISTRANT NAME & ADDRESS	REGISTRANT NAME & ADDRESS
Name (Individual, Corp., LLC, General Partner, Trustee):***	Name (Individual, Corp., LLC, General Partner, Trustee):***
Registrant/Corp./LLC Street/ Street Address (No PO Box, Postal Facility or PMB)	Registrant/Corp./LLC Street/ Street Address (No PO Box, Postal Facility or PMB)
City, State & Zip Code	City, State & Zip Code

REGISTRANT NAME & ADDRESS	REGISTRANT NAME & ADDRESS
Registrant Name (Individual, Corp., LLC, General Partner, Trustee):***	Registrant Name (Individual, Corp., LLC, General Partner, Trustee):***
Registrant/Corp./LLC Street/ Street Address (No PO Box, Postal Facility or PMB)	Registrant/Corp./LLC Street/ Street Address (No PO Box, Postal Facility or PMB)
City, State & Zip Code	City, State & Zip Code

This business was conducted by ****


<input type="checkbox"/> An Individual	<input type="checkbox"/> A General Partnership	<input type="checkbox"/> A Limited Liability Company, State of LLC: _____
<input type="checkbox"/> A Married Couple	<input type="checkbox"/> A Limited Partnership	<input type="checkbox"/> A Corporation, State of Incorporation: _____
<input type="checkbox"/> Copartners	<input type="checkbox"/> A Trust	<input type="checkbox"/> State/Local Registered Domestic Partners
<input type="checkbox"/> Joint Venture		<input type="checkbox"/> An Unincorporated Association other than a partnership

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).)

Print Name of Registrant. If Corporation, Name & Corporate Officer Title. If LLC, Name & Officer Title (Officer, Manager or Managing Member only)

Signature of Registrant/Corporation Officer/LLC Officer, Manager or Managing Member

The Statement of Abandonment of Fictitious Business Name must be published in a newspaper once a week for four successive weeks and an affidavit of publication filed with the county clerk within 30 days after publication has been accomplished. The Statement should be published in a newspaper of general circulation in the county where the principal place of business is located. The Statement should be published in such county in a newspaper that circulates in the area where the business is conducted (Business & Professions Code 17917). Any person who executes, files, or publishes any fictitious business name statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars(\$1,000) (Business & Professions code 17930).



CERTIFICATION
BY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
JANELLE K. HORNE, COUNTY RECORDER-CLERK
BY: _____
DEPUTY CLERK

THE INSTRUCTIONS BELOW ARE NOT TO BE PUBLISHED (SEC. 17924, B&P)
INSTRUCTIONS FOR COMPLETION OF STATEMENT:

SECTION 17922 BUSINESS & PROFESSIONS CODE

UPON CEASING TO TRANSACT BUSINESS IN THIS STATE UNDER A FICTITIOUS BUSINESS NAME THAT WAS FILED IN THE PREVIOUS FIVE YEARS, A PERSON(S) 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 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(S) FILED THEIR FICTITIOUS BUSINESS NAME STATEMENT. THE STATEMENT SHALL BE PUBLISHED IN THE SAME MANNER AS THE FICTITIOUS BUSINESS NAME STATEMENT AND AN AFFIDAVIT SHOWING ITS PUBLICATION SHALL BE FILED WITH THE COUNTY CLERK AFTER COMPLETION OF PUBLICATION.

THE STATEMENT SHALL INCLUDE:

- (1) THE NAME BEING ABANDONED AND THE STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS.
- (2) THE DATE ON WHICH THE FICTITIOUS BUSINESS NAME STATEMENT RELATING TO THE FICTITIOUS BUSINESS NAME BEING ABANDONED WAS FILED, THE FILE NUMBER AND THE COUNTY WHERE FILED.
- (3) IF THE REGISTRANT IS AN INDIVIDUAL, INSERT HIS OR HER FULL NAME AND RESIDENCE ADDRESS.
- (4) IF THE REGISTRANTS ARE A MARRIED COUPLE, INSERT THE FULL NAME AND RESIDENCE ADDRESS OF BOTH PARTIES TO THE MARRIAGE.
- (5) IF THE REGISTRANT IS A GENERAL PARTNERSHIP, LIMITED PARTNERSHIP, COPARTNERS, A LIMITED LIABILITY PARTNERSHIP, A JOINT VENTURE, OR AN UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP, INSERT FULL NAME AND RESIDENCE ADDRESS OF EACH GENERAL PARTNER.
- (6) 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.
- (7) IF THE REGISTRANT IS A TRUST, INSERT THE NAME AND FULL RESIDENCE ADDRESS OF EACH TRUSTEE.
- (8) 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.
- (9) IF THE REGISTRANTS ARE STATE OR LOCAL REGISTERED DOMESTIC PARTNERS, INSERT THE FULL NAME AND RESIDENCE ADDRESS OF EACH DOMESTIC PARTNER.

NOTICE TO REGISTRANT– SECTION 17924/19722 BUSINESS & PROFESSIONS CODE

THE STATEMENT OF ABANDONMENT OF FICTITIOUS BUSINESS NAME MUST BE PUBLISHED IN A NEWSPAPER ONCE A WEEK FOR FOUR SUCCESSIVE WEEKS AND AN AFFIDAVIT OF PUBLICATION FILED WITH THE COUNTY CLERK WITHIN 30 DAYS AFTER PUBLICATION HAS BEEN ACCOMPLISHED. THE STATEMENT SHOULD BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY WHERE THE PRINCIPAL PLACE OF BUSINESS IS LOCATED. THE STATEMENT SHOULD BE PUBLISHED IN SUCH COUNTY IN A NEWSPAPER THAT CIRCULATES IN THE AREA WHERE THE BUSINESS IS CONDUCTED (BUSINESS & PROFESSIONS CODE 17917).

ANY PERSON WHO EXECUTES, FILES, OR PUBLISHES ANY FICTITIOUS BUSINESS NAME STATEMENT, KNOWING THAT SUCH STATEMENT IS FALSE, IN WHOLE OR IN PART, IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE FINED NOT TO EXCEED ONE THOUSAND DOLLARS(\$1,000) (BUSINESS & PROFESSIONS CODE 17930).

MOUNTAIN DEMOCRAT	GEORGETOWN GAZETTE & TOWN CRIER	TAHOE DAILY TRIBUNE
2889 Ray Lawyer Dr, Placerville	2775 Miners Flat, Georgetown	3079 Harrison Street, South Lake Tahoe
(530) 622-1255	(530) 333-4481	(530) 541-3880

Mail Statement to El Dorado County Recorder-Clerk	Filing Fees:
360 Fair Lane Placerville CA 95667 Phone: (530) 621-5490	\$35.00/1 st Business Name - one owner or married couple \$7.00/each additional business name or owner