

Mailing Address/Mail Statement to:

OFFICE USE ONLY

Name:
 Mailing Address:
 City, State & Zip Code:
 Phone Number: E-Mail:

Expires: _____ ID Checked Received by Mail

New Filing Renewal Filing, Previous # _____

FILE NUMBER: _____

FICTITIOUS BUSINESS NAME STATEMENT

The following person (persons) is (are) doing business as:*

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

City	State	Zip Code	County
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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 is 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

The registrant commenced to transact business under the fictitious business name or names listed above on:****

Note: Cannot be a future date

(Month/Day/Year or N/A)

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

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 RESIDENCE 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).



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

Statement requirements of this form as defined by Business and Professions Code 17913 states the following:

The fictitious business name statement shall contain the following information set forth in the manner indicated in the form provided by subdivision (a):

- (1) Where the asterisk (*) appears in the form, insert the fictitious business name or names. Only those businesses operated at the same address and under the same ownership may be listed on one fictitious business name statement.
- (2) Where the two asterisks (**) appear in the form: 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. 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.
- (3) Where the three asterisks (***) appear in the form: If the registrant is an individual, insert his or her full name and residence address. If the registrants are a married couple, insert the full name and residence address of both parties to the marriage. If the registrant is a general partnership, copartnership, joint venture, or limited liability partnership, insert the full name and residence address of each general partner. If the registrant is a limited partnership, insert the full name and residence address of each general partner. 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 California Secretary of State, and the state of organization. If the registrant is a trust, insert the full name and residence address of each trustee. 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 California Secretary of State, and the state of incorporation. If the registrants are state or local registered domestic partners, insert the full name and residence address of each domestic partner. If the registrant is an unincorporated association other than a partnership, insert the name of each person who is interested in the business of the association and whose liability with respect to the association is substantially the same as that of a general partner.
- (4) Where the four asterisks (****) appear in the form, insert whichever of the following best describes the nature of the business: (i) "an individual," (ii) "a general partnership," (iii) "a limited partnership," (iv) "a limited liability company," (v) "an unincorporated association other than a partnership," (vi) "a corporation," (vii) "a trust," (viii) "copartners," (ix) "a married couple," (x) "joint venture," (xi) "state or local registered domestic partners," or (xii) "a limited liability partnership."
- (5) Where the five asterisks (*****) appear in the form, 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. If the registrant has not yet commenced to transact business under the fictitious business name or names listed, insert the statement, "Not applicable."

The registrant shall declare that all of the information in the fictitious business statement is true and correct. A registrant who declares as true any material matter pursuant to this section that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).

ADDITIONAL REQUIREMENTS

At the time of filing of the fictitious business name statement, the registrant filing on behalf of the registrant shall present personal identification in the form of a California driver's license or other government identification acceptable to the county clerk to adequately determine the identity of the registrant filing on behalf of the registrant as provided in subdivision (e) and the county clerk may require the registrant to complete and sign an affidavit of identity.

Your fictitious business name statement must be published in a newspaper once a week for four successive weeks and an affidavit of publication filed with the county clerk when 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 to be conducted (Business and Professions Code Section 17917)

MOUNTAIN DEMOCRAT	GEORGETOWN GAZETTE & TOWN CRIER	TAHOE DAILY TRIBUNE
2889 Ray Lawyer Dr, Placerville	2889 Ray Lawyer Dr, Placerville	3079 Harrison Street, South Lake Tahoe
PO Box 1088, Placerville CA 95667	PO Box 108, Placerville, CA 95667	
(530) 622-1255	(530) 344-5040	(530) 541-3880

Mail Statement to El Dorado County Recorder-Clerk	Filing Fees:
360 Fair Lane Placerville CA 95667 Phone: (530) 621-5490	\$40.00/1 st Business Name - one owner or married couple \$7.00/each additional business name or owner