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CITY STATE ZIP

PHONE NUMBER:

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING: **NEW** **RENEWAL** (ONLY ALLOWED IF FILED WITHIN 40 DAYS OF THE EXPIRATION DATE AND THERE ARE NO CHANGES IN THE FACTS ON THE ORIGINAL FILING.)

*** THE FOLLOWING PERSON (PERSONS) IS (ARE) DOING BUSINESS AS:**

**** STREET ADDRESS, CITY, STATE AND ZIP OF PRINCIPAL PLACE OF BUSINESS:** (NO PO BOXES/POSTAL FACILITIES/PMB); **COUNTY OF PRINCIPAL PLACE OF BUSINESS:**

***** NAME AND ADDRESS OF REGISTRANT(S):** (NO P.O. BOXES, POSTAL FACILITIES, PMB)

1) NAME OF REGISTRANT	2) NAME OF REGISTRANT
RESIDENCE/LLC/CORP ADDRESS	RESIDENCE/LLC/CORP ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
IF CORPORATION OR LLC - PRINT STATE OF INCORPORATION/ORGANIZATION	IF CORPORATION OR LLC - PRINT STATE OF INCORPORATION/ORGANIZATION
3) NAME OF REGISTRANT	4) NAME OF REGISTRANT
RESIDENCE/LLC/CORP ADDRESS	RESIDENCE/LLC/CORP ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
IF CORPORATION OR LLC - PRINT STATE OF INCORPORATION/ORGANIZATION	IF CORPORATION OR LLC - PRINT STATE OF INCORPORATION/ORGANIZATION

****** THIS BUSINESS IS CONDUCTED BY:**

AN INDIVIDUAL A MARRIED COUPLE A LIMITED LIABILITY COMPANY
 A CORPORATION JOINT VENTURE A LIMITED LIABILITY PARTNERSHIP
 A TRUST A GENERAL PARTNERSHIP STATE OR LOCAL REGISTERED DOMESTIC PARTNERSHIP
 COPARTNERHIP A LIMITED PARTNERSHIP AN UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP

******* THE REGISTRANT COMMENCED TO TRANSACT BUSINESS UNDER THE FICTITIOUS BUSINESS NAME OR NAMES LISTED ABOVE ON:**

_____ MONTH /DAY / YEAR

"I DECLARE THAT ALL THE INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT."(A REGISTRANT WHO DECLARES AS TRUE ANY MATERIAL MATTER PURSUANT SECTION 17913 OF THE BUSINESS & 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, CORPORATION OR LLC _____ IF CORPORATION, NAME & CORPORATE TITLE OF OFFICER. IF LLC, NAME & TITLE OF OFFICER OR MANAGER

SIGNATURE OF REGISTRANT. IF CORPORATION, SIGNATURE OF CORPORATE OFFICER. IF LLC, SIGNATURE OF OFFICER OR MANAGER _____

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF SAN LUIS OBISPO ON THE DATE INDICATED IN THE UPPER RIGHT CORNER OF THIS STATEMENT

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

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN THE OFFICE OF THE COUNTY CLERK RECORDER

BY: _____
DEPUTY CLERK

ID CHECKED RECEIVED BY MAIL

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THE BELOW INSTRUCTIONS ARE NOT TO BE PUBLISHED (SEC. 17924 B & P)

SECTION 17913 BUSINESS AND PROFESSIONS CODE:

(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 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, limited liability partnership, or unincorporated association other than a 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.

(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."

EXPIRATION OF STATEMENT

- (a) Unless the statement expires earlier under subdivision (b) or (c), a fictitious business name statement expires in five years from the date it was filed in the Office of the County Clerk.
 - (b) Except as provided in Section 17923, a fictitious business name statement expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913, except that a change in the residence address of an individual, general partner, or trustee does not cause the statement to expire.
 - (c) A fictitious business name statement expires when the registrant files a statement of abandonment of the fictitious business name described in the statement.
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NOTICE TO REGISTRANT:

- (A) 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 within 30 days after publication has been accomplished. The statement shall be published in a newspaper of general circulation in the county where the principal place of business is located.
 - (b) Pursuant to Section 17917, the publishing of the fictitious business name must commence within 45 days of filing this statement.
 - (c) 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) (Section 17930 B&P Code).
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DISTRIBUTION OF COPIES:

1ST COPY- SAN LUIS OBISPO COUNTY CLERK, 2ND COPY- PUBLICATION, 3RD COPY- BANK OR ATTORNEY, 4TH COPY – REGISTRANT