1 Your Return Mailing Address

Name:

Address:

City: State: Zip Code:

REGISTRAR - RECORDER / COUNTY CLERK's FILING STAMP

2 ☐ First Filing ☐ Renewal Filing

Check one only

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (Attach additional pages if required)

3 Fictitious Business Name(s)

1. _____

2.

4 Articles of Incorporation or Organization Number *(if applicable)*
AI #/ON

5 Street Address, City & State of Principal Place of Business in California (P.O. Box alone not acceptable)

6 Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

7 Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

8 Full name of Registrant / Corporation / Limited Liability Company (if corporation - incorporated in what state)

Residence Street Address (P.O. Box not accepted) City State Zip Code

9 This Business is conducted by: **(check one only)**

( ) an individual ( ) a general partnership ( ) joint venture ( ) a business trust
( ) co-partners ( ) husband and wife ( ) a corporation ( ) a limited partnership
( ) an unincorporated association other than a partnership ( ) a limited liability company ( ) _____ Other

10 ( ) The registrant commenced to transact business under the fictitious business name or names listed on (Date): _____
( ) Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

11 **I declare that all information in this statement is true and correct.**
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

Signature of Registrant(s)

12

Signature type/print name

Signature type/print name

Signature type/print name

Signature type/print name

If Registrant is a CORPORATION or LLC, sign below

13

Corporation Name / Limited Liability Company

Signature

Title

Type or Print Name

This statement was filed with the County Clerk of **VENTURA** County on date indicated by file stamp above.

NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THAT DATE. 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)

PHILIP J. SCHMIT, Ventura County Clerk / Recorder
Hall of Administration
800 South Victoria Avenue, Ventura, CA 93009-1210
PH: (805)654-3790 or (805)654-2263

FILING FEE: $53.00 for 1 FBN and 1 registrant
plus $10.00 for each additional FBN/registrant
RENEWAL FILING FEE IS SAME AS ABOVE