

YOUR RETURN MAILING ADDRESS

LOS ANGELES
REGISTRAR-RECORDER/ COUNTY CLERK

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- **\$26.00** (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
 - New (Amended) Filing- **\$26.00** (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
 - Refile- **\$26.00** (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
- \$5.00-** FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION **\$5.00-** FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

* 1. _____ 2. _____
Print Fictitious Business Name(s)

** _____
Street address of principal place of business Mailing address if different

City State Zip COUNTY City State Zip

Articles of Incorporation or Organization Number (if applicable): At #ON _____

*** REGISTERED OWNER(S):

1. _____
Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address _____

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization _____

2. _____
Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address _____

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization _____

3. _____
Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address _____

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization _____

4. _____
Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address _____

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization _____

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

**** THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual a General Partnership a Limited Partnership a Limited Liability Company
- an Unincorporated Association other than a Partnership a Corporation a Trust Copartners
- a Married Couple Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership

***** The date registrant commenced to transact business under the fictitious business name or names listed above on _____
(Insert N/A above if you haven't started to transact business)

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)).

REGISTRANT/CORP/LLC NAME (PRINT) _____ TITLE _____

REGISTRANT SIGNATURE _____ IF CORP OR LLC, PRINT NAME _____

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

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. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

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).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: _____, Deputy



Los Angeles County Registrar-Recorder/County Clerk

Dean C. Logan
Registrar-Recorder/County Clerk

AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT

In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

Registrant Name

Name of Business

Registrant Address

Street Address

City State Zip Code

Registrant Signature

If the registrant is a corporation, a limited liability company, a limited partnership, or a limited liability partnership, the county clerk will require evidence issued by the Secretary of State indicating the current existence and good standing of that business entity.

FOR OFFICE USE ONLY: ***To be completed by Deputy County Clerk for in-person filings only***

ID #: Exp. Date: Deputy Signature:

For Mail or Third Party Requests Only

This certificate must be notarized by a Notary Public for all Mail and Third Party Submissions

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)

Subscribed and sworn to (or affirmed) before me on this ___ day of ___, 20___, by
___, proved to me on the basis of satisfactory evidence to be the person(s) who appeared
before me.

Signature (Seal)



Dean C. Logan
Registrar-Recorder/County Clerk



Los Angeles County Registrar-Recorder/County Clerk

TO BE COMPLETED BY AUTHORIZED AGENT

In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

The Agent must present ID and sign in the presence of a Deputy County Clerk

Agent Name _____
First Name Last Name

Fictitious Business Name: _____

I, _____, certify under penalty of perjury under the laws of the State of California that I am the
(Print Name)
authorized agent filing this Fictitious Business Name on behalf of the registrant.

Signed on this date: _____, 20____

(Authorized Agent Signature)

To be completed by Deputy County Clerk

Agent ID # _____ Exp. Date _____ Deputy Signature _____

To be completed by the Registrant

I, _____, certify under penalty of perjury under the laws of the State of California that I am
(Print Name)
the registrant filing this Fictitious Business Name Statement and am authorized to submit said statement to the County Clerk's Office for filing. I understand that if I willfully make a false statement on this affidavit, I may be punished by a fine not to exceed one thousand dollars (\$1,000).

I also declare that I am authorizing the agent listed above to submit this Fictitious Business Name Statement on my behalf.

Signed on this date _____, 20____

(Registrant Signature)

ADDITIONAL REGISTRANTS

Full Name/Corp/LLC

Residence Address (P.O. Box not accepted)

City State Zip

If Corporation or LLC- Print State of Incorporation/Organization

Full Name/Corp/LLC

Residence Address (P.O. Box not accepted)

City State Zip

If Corporation or LLC- Print State of Incorporation/Organization

Full Name/Corp/LLC

Residence Address (P.O. Box not accepted)

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Full Name/Corp/LLC

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