

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- **\$23.00** (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT) New Filings- **\$23.00-**
- Refile- **\$18.00** (NO CHANGES IN THE FACTS FROM ORIGINAL FILING) (CHANGES IN FACTS FROM ORIGINAL FILING-REQUIRES PUBLICATION)
- \$4.00-** FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION **\$4.00-** 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): AI #ON _____

*** REGISTERED OWNER(S):

1. _____
 Full Name/Corp/LLC

 Residence Address (P.O. Box not accepted)

 City State Zip

 If Corporation or LLC – Print State of Incorporation/Organization

2. _____
 Full Name/Corp/LLC

 Residence Address (P.O. Box not accepted)

 City State Zip

 If Corporation or LLC – Print State of Incorporation/Organization

3. _____
 Full Name/Corp/LLC

 Residence Address (P.O. Box not accepted)

 City State Zip

 If Corporation or LLC – Print State of Incorporation/Organization

4. _____
 Full Name/Corp/LLC

 Residence Address (P.O. Box not accepted)

 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
- Husband and Wife Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership

***** The 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 information which he or she knows to be false is guilty of a crime.)

REGISTRANTS/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.

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