

MARY B. BEDARD, CPA
Kern County Auditor-Controller-County Clerk
 1115 Truxtun Avenue, Bakersfield, CA 93301
 (661) 868-3588

1. Filing fee is \$43 for one DBA & one Owner
2. \$6 for each additional DBA & Owner
3. Complete all Items 1-6
4. Provide self address stamped envelope if mailed



FICTITIOUS BUSINESS NAME STATEMENT

Fictitious Business Name (Doing Business As) (If listing more than three DBAs, attach addendum sheet as needed.)

1	DBA #1:	
	DBA #2:	
	DBA #3:	

2	Street address of principal place of business:				Mailing address of business (do not enter "SAME"):		
	City:	State:	Zip:	County:	City:	State:	Zip:

Registrants: (If listing more than three registrants, attach addendum sheet as needed.)

3	A	Full name of individual, partner, or name of Corporation or LLC:				State of Incorporation or Organization:
		Residence Street address (P.O. Box not acceptable)	City	State	Zip	
		B	Full name of individual, partner, or name of Corporation or LLC:			
		Residence Street address (P.O. Box not acceptable)	City	State	Zip	
	C	Full name of individual, partner, or name of Corporation or LLC:				State of Incorporation or Organization:
		Residence Street address (P.O. Box not acceptable)	City	State	Zip	

4	(CHECK ONE ONLY) The business is conducted by: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Individual</td> <td style="width: 33%;">Unincorporated Association</td> <td style="width: 33%;">Married Couple</td> </tr> <tr> <td>General Partnership</td> <td>Corporation*</td> <td>Joint Venture</td> </tr> <tr> <td>Limited Partnership</td> <td>Trust</td> <td>Domestic Partners</td> </tr> <tr> <td>Co-Partners</td> <td>Limited Liability Company*</td> <td>Limited Liability Partnership*</td> </tr> </table>	Individual	Unincorporated Association	Married Couple	General Partnership	Corporation*	Joint Venture	Limited Partnership	Trust	Domestic Partners	Co-Partners	Limited Liability Company*	Limited Liability Partnership*
Individual	Unincorporated Association	Married Couple											
General Partnership	Corporation*	Joint Venture											
Limited Partnership	Trust	Domestic Partners											
Co-Partners	Limited Liability Company*	Limited Liability Partnership*											

5	Insert the date the business commenced. (mm/dd/ccyy) If business has not started, enter "N/A".
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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.)

6	<p>BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. A registrant who declares as true any material matter pursuant to this sections that he or she knows to be false is guilty of a misdemeanor (B&P Code 17913). I am also aware that all information on this statement becomes public record upon filing pursuant to the California Public Records Act (Government Code Section 6250-6277).</p> <p>Signature _____ Printed Name _____</p> <p>_____ Phone # _____ <input type="checkbox"/> Check box to block from public</p> <p>If Corporation or LLC, print title of person signing</p>
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DO NOT TYPE OR WRITE BELOW THIS LINE - COUNTY CLERK USE ONLY

Date Statement Filed:	Date Statement Expires:	MARY B. BEDARD, CPA, Auditor-Controller-County Clerk
/ /	/ /	By: _____ /

***** PUBLICATION NOTICE *****

Initial/Renewal with changes – Must be published once a week for four successive weeks (publication to start within 30 days of the file date) and an affidavit of publication must be filed with the County Clerk within 30 days after publication has been completed.

Renewal – Publication is not required, pursuant to Business and Professions Code Section 17917(c)

***** BANK CERTIFICATION *****

I hereby certify that the foregoing is a correct copy of the original filed in my office on ____/____/____.
 MARY B. BEDARD, Auditor-Controller-County Clerk, By: _____, Deputy Clerk.

County Clerk Copy	Bank Copy	Newspaper Copy	Registrant Copy	DBA #1:
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KERN COUNTY
AUDITOR-CONTROLLER-COUNTY CLERK
MARY B. BEDARD, CPA

AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT

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

This certificate must be signed in the presence of a Notary Public (mail/drop-off) OR Deputy County Clerk (in person).

Registrant Name
Name of Business
Registrant Address
First Name
Last Name
Street Address
City
State
Zip Code

I, _____, declare under penalty of perjury under the laws of the State of California, that I am the registrant and intend to file this Fictitious Business Name. 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).

Signed on this _____ day of _____ 20____.

(Signature)

If filing as a corporation, limited liability company, or limited liability partnership, an original "Certificate of Status" issued by the Secretary of State must be attached.

FOR OFFICE USE ONLY: ***TO BE COMPLETED BY DEPUTY COUNTY CLERK FOR IN-PERSON FILINGS ONLY***
ID #: _____ Exp Date: _____ Deputy Signature: _____

CERTIFICATE OF ACKNOWLEDGEMENT

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.

For Mail or Third Party Requests Only

STATE OF CALIFORNIA)
County of) ss

On _____, before me _____ personally appeared
(Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

AFFIDAVIT OF IDENTITY – AUTHORIZED AGENT FORM

TO BE COMPLETED BY AUTHORIZED AGENT

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

This certificate must be signed in the presence of a Notary Public (mail/drop-off) OR Deputy County Clerk (n person).

Agent Name _____
(First Name) (Last Name)

Fictitious Business Name: _____

I, _____, declare that I am the authorized agent filing this Fictitious Business Name on
(Print Name)

On behalf of the registrant.

Signed on this _____ day of _____, 20____.
(Day) (Month)

 (Authorized Agent Signature)

FOR OFFICE USE ONLY: *TO BE COMPLETED BY DEPUTY COUNTY CLERK FOR IN-PERSON FILINGS ONLY*****

ID #: _____ **Exp Date:** _____ **Deputy Signature:** _____

CERTIFICATE OF ACKNOWLEDGEMENT

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