



FICTITIOUS BUSINESS NAME AFFIDAVIT OF IDENTITY

This form must be completed and signed in the presence of a Notary Public (mail/drop-off) or Deputy County Clerk (in person) per CA Business and Professions Code section 17913.

Registrant Name (First Name) (Last Name)

Fictitious Business Name:

Business Address: (Street) (City) (State) (Zip Code)

I, (Printed Name), declare under penalty of perjury under the laws of the state of California, that I am the registrant and intended 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) day of (Month) 20 (Year). (Registrants Signature)

Corporations, limited liability companies, or limited liability partnerships, must attach the original Certificate of Status issued by the Secretary of State.

OFFICE USE ONLY: COMPLETED BY DEPUTY COUNTY CLERK FOR IN PERSON FILINGS ONLY
ID# EXP DATE: DEPUTY SIGNATURE

CERTIFICATE OF ACKNOWLEDGEMENT (Mail-Ins Only)

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 )

On (Date), before me (Insert name and title of officer) personally appeared (Name), who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed in to the within instrument and acknowledged to me that they executed the same in their authorized capacity and that by their 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.

(Notary Signature)

Witness my hand and official seal (Notary Seal)