

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

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

Instructions: Please type or write legibly, and complete all applicable sections. Incomplete forms will be returned. Submit one original and two copies. If filing by mail, provide a self-addressed, stamped envelope. **FILING FEE: \$18.00**

1	Business Name you wish to abandon:						
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2	Street address of business:				Mailing address: (<i>DO NOT WRITE THE WORD "SAME"</i>)		
	City:	State:	Zip:	County:	City:	State:	Zip:

Registrant(s) who wish to abandon the business name: (Use a second form to list more registrants.)								
3	A	Name:			B	Name:		
		Residence Address (P.O. Box not acceptable):				Residence Address (P.O. Box not acceptable):		
		City:	State:	Zip:		City:	State:	Zip:
	C	Name:			D	Name:		
		Residence Address (P.O. Box not acceptable):				Residence Address (P.O. Box not acceptable):		
		City:	State:	Zip:		City:	State:	Zip:

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.)

4	Business was conducted by: (Mark one only)				5	Signature:	
	Individual	Corporation				Printed name:	
	General Partnership	Trust				Title:	
	Limited Partnership	Limited Liability Company				Daytime telephone number:	
	Co-partners	Married Couple					
Unincorporated Association	Joint Venture						
Domestic Partners	Limited Liability Partnership						

6	If filing by mail, please provide mailing address you wish the processed statement to be returned to:				Daytime Contact Phone Number:
	Address:				
	City:	State:	Zip:		

After your statement is processed, it must be published once a week for four successive weeks, (publication to start within 30 days of the filing date and an affidavit of publication of the statement shall be filed with the County Clerk within 30 days after the completion of the publication.) B&P 17922(a)

*** DO NOT TYPE OR WRITE BELOW THIS LINE *** COUNTY CLERK USE ONLY ***

Original FBN Statement File Number:	Original FBN Statement Filed on:	This statement of Abandonment filed on: (mm/dd/ccyy)
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This statement was filed with the County Clerk of Kern County on the date indicated by the filed stamp in the upper right corner.	I HEREBY CERTIFY THAT THIS IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. MARY B. BEDARD, CPA, Auditor-Controller-County Clerk By: _____ (_____), Deputy
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