



The initial and renewal Filing fee is \$43 for 1 DBA & 1 Owner, \$6 for each additional DBAs & Registrants.

Complete all Items 1-6 and if mailing please provide the fee via check, money order or cashier's check, a self-addressed stamped envelope, and a notarized Affidavit of Identity.

FICTITIOUS BUSINESS NAME STATEMENT

Doing Business As (DBA): If listing more than three DBAs, attach the Addendum document. File Number
1 DBA # 1: DBA # 2: DBA # 3:

2 Principal place of business street address: Mailing Address (do not enter "SAME"):
City State Zip Code County City State Zip Code

3 Registrant(s): Individual or partners: list your full legal name separately, as indicated. Spouses; list separately. Corps, LLC, or LP: list name and state of corporation or organization. (Attach FBN Addendum as needed).
A Full name of individual, partner, or name of Corporation, LLC, or LP: State of incorp. or org.:
B Registrant's Address: City: State: Zip Code:
C Full name of individual, partner, or name of Corporation, LLC, or LP: State of incorp. or org.:
Registrant's Address: City: State: Zip Code:

4 (Select One Only) The business is conducted by:
o Individual o Unincorporated Association o Married Couple
o General Partnership o Corporation* o Joint Venture
o Limited Partnership o Trust o Domestic Partners
o Co-Partners o Limited Liability Company* o Limited Liability Partnership*

5 Insert the date the business commenced (MM/DD/YYYY). If the business has not started, enter N/A. Date: ___/___/___

REVIEW BUSINESS AND PROFESSIONS CODES: SUBDIVISION (A) OF SECTION 17920, SUBDIVISION (B) OF SECTION 17920, SECTION 17913, & SECTION 14411 ET SEQ., AND GOVERNMENT CODE SECTION 6250-6277

BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT

6 Signature Printed Name
Title of person signing if Corporation, or LLC. Phone #
[] Check box to block from public

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

Date Statement Filed: Date Statement Expires: Aimee X. Espinoza, Auditor-Controller-County Clerk
By: /

PUBLIC NOTICE

[] Initial/Renewal with changes: must be published once a week for four consecutive weeks, initial publication must be within 45 days of the filed date, and an affidavit of publication must be filed with the County Clerk within 30 days after publication was completed.

[] Renewal: publication is not required, pursuant to B&P Code Section 17917(c)

BANK CERTIFICATION

I hereby certify that the foregoing is a correct copy of the original filed in my office on ___/___/___.

Aimee X. Espinoza, Auditor-Controller-County Clerk, By:

COUNTY CLERK BANK COPY NEWSPAPER REGISTRANT DBA #1:



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)



**FICTITIOUS BUSINESS NAME AFFIDAVIT OF IDENTITY
AUTHORIZED AGENT FORM**

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

Agent Name _____
(First Name) (Last Name)

Fictitious Business Name: _____

I, _____, declare that I am the authorized agent filing this Fictitious Business Name on behalf of the registrant.

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

(Authorized Agent 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 _____

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STATE OF CALIFORNIA)
) ss
COUNTY OF)

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

_____, 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)