



**PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER**

P.O. Box 751, Riverside, CA 92502-0751 -- (951) 486-7000
38-686 El Cerrito Road, Palm Desert, CA 92211 -- (760) 863-8732

OFFICE OF THE COUNTY CLERK

<p>FICTITIOUS BUSINESS NAME STATEMENT</p> <p>SEE REVERSE SIDE FOR FEES AND INSTRUCTIONS</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p align="center">CLERK'S USE ONLY</p> <p>\$ _____ # _____</p> <p align="center">Fee Receipt</p> <p>Comments: _____</p> </div> <p>- USE BLACK INK ONLY - MUST BE TYPED OR PRINTED INITIAL CROSS OUTS NO WHITE OUT ALLOWED</p>	<p>COUNTY CLERK'S FILING STAMP</p>
<p>THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:</p>	

1a. Fictitious Business Name (If more than one business name at same address - Attach Supplemental Sheet)

<p>1b. List COMPLETE Physical Business Address (No P.O. Boxes or Postal Facilities)</p> <p>_____</p> <p>Mailing Address (If different than business address – optional)</p> <p>_____</p>	<p>1c. Name of County (where business is located)</p> <p>_____</p>
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<p>2a. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)</p> <p>_____</p> <p>If individual-spell out first, middle and last names (use dash if no middle name)</p> <p>_____</p> <p>Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>List State of Corp./LLC. Must be registered in California <input type="text"/></p>	<p>2b. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)</p> <p>_____</p> <p>If individual-spell out first, middle and last names (use dash if no middle name)</p> <p>_____</p> <p>Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>List State of Corp./LLC. Must be registered in California <input type="text"/></p>
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<p>2c. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)</p> <p>_____</p> <p>If individual-spell out first, middle and last names (use dash if no middle name)</p> <p>_____</p> <p>Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>List State of Corp./LLC. Must be registered in California <input type="text"/></p>	<p>2d. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)</p> <p>_____</p> <p>If individual-spell out first, middle and last names (use dash if no middle name)</p> <p>_____</p> <p>Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>List State of Corp./LLC. Must be registered in California <input type="text"/></p>
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3. This business is conducted by: (If More Than four Registrants - Attach Additional Sheet Showing Owner Information)

Individual
 Married Couple
 Trust
 Corporation
 General Partnership
 A Limited Partnership
 Co-partners
 Joint Venture
 Limited Liability Company
 Limited Liability Partnership
 An Unincorporated Association - other than a partnership
 State or Local Registered Domestic Partnership

4. Registrant has not yet begun to transact business under the fictitious name(s) listed above.
 Registrant commenced to transact business under the fictitious business name(s) listed above on _____

I declare that all the information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code, that the registrant knows to be false, is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

5. Signature(s) _____
(Only one is required)

Typed or Printed Name(s) _____

If Limited Liability Company/Corporation, Title _____ QC'D BY: _____

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF RIVERSIDE COUNTY ON DATE INDICATED BY FILE STAMP ABOVE

<p>NOTICE-IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS BUSINESS 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 THIS 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 FEDERAL, STATE OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONAL CODE).</p>	<p>I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.</p> <p align="center">PETER ALDANA</p> <p align="center">RIVERSIDE COUNTY CLERK</p> <p>By _____, Deputy</p>
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NOTICE TO REGISTRANT PURSUANT TO SECTION 17924 BUSINESS & PROFESSIONS CODE

- (1) Your fictitious business name statement must be published in a newspaper within 30 days after the statement has been filed with the County Clerk. The statement must be published once a week for four consecutive weeks and an affidavit of publication filed with the County Clerk within 30 days after publication has been completed. The statement shall be published in a newspaper of general circulation in the County where the principal place of business is located. The statement should be published in a newspaper that circulates in the area where the business is to be conducted. (Section 17917, B&PC)

For renewal of 5-year expiration: If any change has occurred in the facts in your original statement, your new statement must be published as required above. If no changes have occurred, and a new filing is filed within 40 days of expiration of the previous statement, publication is not required. The determination whether or not publication is required is ENTIRELY the responsibility of the registrant. (Section 17917(c) B&PC)

- (2) Any person who executes, files, or publishes any fictitious business name statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1,000.) (Section 17930 B&PC)

FEES

Fictitious Business Name Statement - \$58.00 for one business name and one registrant plus \$2.00 for each additional business at the same address; \$2.00 for each additional registrant. Customer copies - \$1.00 for the first page and 10¢ for each additional page; Certified copies - \$2.00.

INSTRUCTIONS FOR COMPLETION OF STATEMENT (17913 & 17914 B&PC)

Document must be legibly typed or printed in black ink. **No copies will be returned unless a stamped, self-addressed envelope is provided.**

- 1a. Insert the fictitious business name(s). Only those businesses operated at the same address may be listed on one statement.
- 1b. If the registrant has a place of business in this state, specify the street address of his/her place of business in this state. If the registrant has no place of business in this state, the Fictitious Business Name Statement shall be filed with the County Clerk of Sacramento County – (section 17915, B&PC). The name of the city and county for the business and registrant(s) address, must be spelled out completely.

Mail box or Post Office Box numbers, when used alone, are not acceptable.

- 2a. If the registrant is an individual, insert his or her full name (first, middle and last) and residence address.
- If the registrant is a partnership or other association of persons, insert the full name (first, middle and last) and residence address of each general partner.
- If the registrant is a business trust, insert the full name (first, middle and last) and residence address of each trustee, including the name of the trust, (i.e. Mary Smith, Trustee of the Smith Family Trust)

Mail box or Post Office Box numbers, when used alone, are not acceptable.

If the registrant is a corporation or a limited liability company, insert the name and address of the corporation / limited liability company as set out in its articles of incorporation / organization, and the state of incorporation / organization.

3. Indicate which of the terms best describes the nature of the business. (i.e. co-partners, individual, corporation, etc.)
4. Indicate in appropriate box whether or not the business is open, and if open, give date business opened.
5. If the registrant is an individual, the statement must be signed by the individual.
- If registrant is a partnership or other association of persons, the statement must be signed by a general partner.
- If the registrant is a limited liability company, the statement must be signed by a manager or officer.
- If the registrant is a business trust, the statement must be signed by a trustee.
- If the registrant is a corporation, the statement must be signed by an officer.

EXPIRATION OF STATEMENT

Notice – Except as provided in Section 17923 of the Business & Professions Code, the statement expires 40 days after any change in the facts set forth in the statement. However, a mere change in the residence address of an individual, general partner or trustee does not cause the statement to expire prior to the end of the five year term.

The Statement expires upon the filing of a Statement of Abandonment.

The Statement does not expire if a withdrawing partner files and publishes a Statement of Withdrawal and all other facts remain as originally filed.

LEGAL ADVICE and/or ASSISTANCE

Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. The registrant should either consult the Business and Professions Code, which is available at the County Law Library, and may be available at City and/or County Libraries, or seek professional legal assistance.



PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

Assessor
(951) 955-6200

County Clerk-Recorder
(951) 486-7000

Mailing Address
P.O. Box 751
Riverside, CA 92502-0751

www.riversideacr.com
www.riversidetaxinfo.com

AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT

In accordance with Section 17913 of the California 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 or Deputy County Clerk

Name of Business _____

Registrant Name* _____
Print Full Complete Name (e.g. First, Middle, Last or Corp./LLC/LLP)

Registrant Address _____
Street Address

City State Zip Code

I, _____, certify under penalty
(Print Full Name, e.g., First, Middle, Last)

of perjury under the laws of the State of California that I am the registrant/authorized signer who has signed this Fictitious Business Name Statement and am authorized to submit said statement to the County Clerk's Office for filing.

Complete if applicable

I am authorizing _____,
(Print Full Name, e.g., First, Middle, Last)

as my Authorized Agent to submit this Fictitious Business Name Statement on my behalf.

I understand that if I willfully make a false statement on this affidavit, I may be guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000.00).

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

(Registrant Signature)

****If the registrant is a corporation, a limited liability company, a limited partnership, or a limited liability partnership, the county clerk will require evidence issued by the Secretary of State indicating the current existence and good standing of that business entity.***

For In Person Filing Only: To be completed by Deputy County Clerk

Registrant Information:
State / ID # _____ Exp. Date _____ Deputy Signature _____

This certificate must be notarized by a Notary Public for all Mail and Third Party Submissions.

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 }
County of }**

Subscribed and sworn to (or affirmed) before me on this ___ day of _____, 20___, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature

TO BE COMPLETED BY AUTHORIZED AGENT

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

The Agent must present ID and sign in the presence of a Deputy County Clerk.

Agent Name: _____
(Print Full Name, e.g., First, Middle, Last)

Fictitious Business Name: _____

I, _____, declare
(Print Full Name, e.g., First, Middle, Last)

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

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

(Authorized Agent Signature)

To be completed by Deputy County Clerk

Agent Information:
State / ID # _____ Exp. Date _____ Deputy Signature _____