

STEVE J. BESTOLARIDES
 County of San Joaquin Recorder - County Clerk
 44 North San Joaquin Street, Suite 260
 Stockton, CA 95202
 (209) 468-3939

**TYPE OR PRINT CLEARLY- MUST BE LEGIBLE. PLEASE READ INSTRUCTIONS ON REVERSE SIDE
 WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE**

FEES \$41 for first business name and owner on statement Add \$6 for each additional owner or partner. Add \$6 for each additional business name located at the same address Attach separate page for additional names Make checks or money order payable to San Joaquin County Recorder	<input type="checkbox"/> Original (First Filing) <input type="checkbox"/> Refile (Change(s) in facts from previous filing) <input type="checkbox"/> Refile (No Change(s) in facts from previous filing) Previous File # _____																
FICTITIOUS BUSINESS NAME STATEMENT The following person (persons) is (are) doing business as:																	
*	FICTITIOUS BUSINESS NAME(S) ① _____ ② _____ (If more than 2 names, attach additional sheet)																
**	Street Address of Principal Place of Business (P.O. Box not acceptable) City State Zip _____ County of Place of Business _____																
***	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">① Full Name of Registrant (IF REGISTRANT IS A CORPORATION, ENTER CORPORATION NAME)</td> <td style="width:50%;">② Full Name of Registrant (IF REGISTRANT IS A CORPORATION, ENTER CORPORATION NAME)</td> </tr> <tr> <td>Business Mailing Address</td> <td>Business Mailing Address</td> </tr> <tr> <td>City State Zip</td> <td>City State Zip</td> </tr> <tr> <td>(If corporation or LLC, print state of incorporation/organization)</td> <td>(If corporation or LLC, print state of incorporation/organization)</td> </tr> </table>	① Full Name of Registrant (IF REGISTRANT IS A CORPORATION, ENTER CORPORATION NAME)	② Full Name of Registrant (IF REGISTRANT IS A CORPORATION, ENTER CORPORATION NAME)	Business Mailing Address	Business Mailing Address	City State Zip	City State Zip	(If corporation or LLC, print state of incorporation/organization)	(If corporation or LLC, print state of incorporation/organization)								
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City State Zip	City State Zip																
(If corporation or LLC, print state of incorporation/organization)	(If corporation or LLC, print state of incorporation/organization)																
****	This Business is conducted by: (Check only one) <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td><input type="checkbox"/> an individual</td> <td><input type="checkbox"/> joint venture</td> <td><input type="checkbox"/> a limited partnership</td> <td><input type="checkbox"/> an unincorporated association other than a partnership</td> </tr> <tr> <td><input type="checkbox"/> a married couple</td> <td><input type="checkbox"/> a corporation</td> <td><input type="checkbox"/> a general partnership</td> <td><input type="checkbox"/> a limited liability partnership</td> </tr> <tr> <td><input type="checkbox"/> co-partners</td> <td><input type="checkbox"/> a trust</td> <td><input type="checkbox"/> limited liability company</td> <td></td> </tr> <tr> <td><input type="checkbox"/> a trust</td> <td><input type="checkbox"/> State or Local Registered Domestic Partners</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> an individual	<input type="checkbox"/> joint venture	<input type="checkbox"/> a limited partnership	<input type="checkbox"/> an unincorporated association other than a partnership	<input type="checkbox"/> a married couple	<input type="checkbox"/> a corporation	<input type="checkbox"/> a general partnership	<input type="checkbox"/> a limited liability partnership	<input type="checkbox"/> co-partners	<input type="checkbox"/> a trust	<input type="checkbox"/> limited liability company		<input type="checkbox"/> a trust	<input type="checkbox"/> State or Local Registered Domestic Partners		
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<input type="checkbox"/> a trust	<input type="checkbox"/> State or Local Registered Domestic Partners																
*****	The registrant commenced to transact business under the fictitious business name or names listed above on _____ (Insert N/A above if you haven't started to transact business)																

I declare that all information in this statement is true and correct.

(A registrant who declares as true any material matter pursuant to Section 17913 of 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).)

SIGNATURE OF REGISTRANT _____

Print name of person signing. If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

Registrant's Name _____ Officer's Title _____
 (Please Print) (Please Print)

THIS STATEMENT WAS FILED WITH THE RECORDER / COUNTY CLERK OF SAN JOAQUIN COUNTY ON THE DATE INDICATED BY THE FILE STAMP IN THE UPPER RIGHT CORNER

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 BUSINESS MAILING 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).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

By, _____, Deputy County Clerk

Steve J. Bestolarides, Recorder/County Clerk

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Business and Professions Code Section 17913:

*** Where one asterisk appears in the form:**

- (a) Insert the fictitious business name or names
- (b) Only those businesses operated at the same address and under the same ownership may be listed on one statement

**** Where two asterisk appears in the form:**

- (a) If the registrant has a place of business in this state, insert the **street address and county** of his or her **principal** place of business in this state
- (b) If the registrant has no place of business in this state, insert the **street address and county** of his or her **principal** place of business outside this state and file with the Clerk of Sacramento County (B&P 17915)
- (c) Mail Box and Post Office Box Numbers **are not acceptable** as a business address when used alone without a street address

***** Where three asterisk appears in the form:**

- (a) If the registrant is an **individual**, insert his or her full name and business mailing address
- (b) If the registrants are a **married couple**, insert the full name and business mailing address of both the parties to the marriage
- (c) If the registrant is a **general partnership, co-partnership, joint venture, limited liability partnership, or unincorporated association other than a partnership**, insert the full name and business mailing address of each general partner
- (d) If the registrant is a **limited partnership**, insert the full name and business mailing address of each general partner
- (e) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization
- (f) If the registrant is a **trust**, insert the full name and business mailing address of each trustee
- (g) If the registrant is a **corporation**, insert the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation
- (h) If the registrants are **state or local registered domestic partners**, insert the full name and business mailing address of each domestic partner

****** Where four asterisk appears in the form:**

- (a) Check whichever of the terms listed on the front of the form that best describes the nature of the business. **Corporations and limited liability companies must include state filed Articles of Incorporation. State Articles are also required when re-filing Fictitious Business Name Statement.**

******* Where five asterisk appears in the form:**

- (a) Insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names
- (b) Insert N/A if you have not yet commenced to transact business under the fictitious business name or names listed

Business and Professions Code Section 17914

The statement shall be signed as follows:

- (a) If the registrant is an individual, by the individual
- (b) If the registrants are a married couple, by either party to the marriage.
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, co-partnership, joint venture, or unincorporated association other than a partnership, by a general partner
- (d) If the registrant is a limited liability company, by a manager or officer
- (e) If the registrant is a trust, by a trustee
- (f) If the registrant is a corporation, by an officer
- (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

Business and Professions Code Section 17915

The fictitious business name statement **shall** be filed with the clerk of the county in which the registrant has his or her **principal place** of business in this state or, if the registrant has no place of business in this state, with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than that where the principal place of business is located, as long as the requirements of this subdivision are also met. **If your principal place of business is not in San Joaquin County, a proof of filing in the principal place of business is required. If your principal place of business is not in this state, a proof of filing with the Clerk of Sacramento County is required.**

Business and Professions Code Section 17917

Publication for Original, New Filings (renewal with change in facts from previous filing), or Refile

- (a) Within 45 days after a fictitious business name statement has been filed, the registrant shall cause it to be published in a newspaper of general circulation in the county where the fictitious business name statement was filed or, if there is no such newspaper in that county, in a newspaper of general circulation in an adjoining county. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County. The publication must be once a week for four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name statement was filed within 45 days after the completion of the publication.
- (b) If a refiling is required because the prior statement has expired, the refiling need **not** be published, unless there has been a change in the information required in the expired statement, provided the refiling is filed **within** 40 days of the date the statement expired.

Business and Professions Code Section 17922

Abandonment of Fictitious Business Name

- (a) Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement **shall** file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and **shall** be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

Business and Professions Code Section 17930

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).

Please Print Contact Name & Telephone Number: _____