

FICTITIOUS BUSINESS NAME STATEMENT NEVADA COUNTY CLERK-RECORDER

FILING FEES:
 \$ 30.00 - FOR FIRST BUSINESS NAME
 \$ 5.00 - FOR EACH ADDITIONAL BUSINESS NAME
 (DOING BUSINESS AT THE SAME LOCATION)
 \$ 2.00 - FOR EACH ADDITIONAL
 (IN EXCESS OF THE ONE OWNER)

MAIL TO:
 NEVADA COUNTY RECORDER
 950 MAIDU AVE
 NEVADA CITY CA 95959

ORIGINAL
 REFILE WITH CHANGES
 REFILE WITHOUT CHANGES
 PREVIOUS FILE # _____

PLEASE READ INSTRUCTIONS ON PAGE TWO BEFORE COMPLETING

*** THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:**

1.	FICTITIOUS BUSINESS NAME(S) TO BE FILED	
	1.) _____	3.) _____
	2.) _____	4.) _____

**** STREET ADDRESS OR PRINCIPAL PLACE OF BUSINESS**

2.	STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	COUNTY OF PRINCIPAL PLACE OF BUSINESS _____
	MAILING ADDRESS IF DIFFERENT _____				

***** REGISTRANT INFORMATION PHYSICAL ADDRESS IS REQUIRED POB MAY BE ADDED FOR MAILING**

3.	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME) _____				CORP OR LLC SHOW REGISTRATION STATE: _____
	REGISTRANTS ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	
	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME) _____				CORP OR LLC SHOW REGISTRATION STATE: _____
	REGISTRANTS ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	
	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME) _____				CORP OR LLC SHOW REGISTRATION STATE: _____
	REGISTRANTS ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____	

IF MORE THAN 3 REGISTRANTS ATTACH ADDITIONAL SHEETS SHOWING OWNER INFORMATION. IF REGISTRANT IS A CORPORATION OR LLC, INCLUDE STATE OF INCORPORATION.

****** BUSINESS CONDUCTED BY Check only one box**

4.	<input type="checkbox"/> AN INDIVIDUAL	<input type="checkbox"/> GENERAL PARTNERSHIP
	<input type="checkbox"/> MARRIED COUPLE	<input type="checkbox"/> A LIMITED PARTNERSHIP
<input type="checkbox"/> A CORPORATION	<input type="checkbox"/> COPARTNERS	
<input type="checkbox"/> A TRUST	<input type="checkbox"/> A LIMITED LIABILITY PARTNERSHIP	
<input type="checkbox"/> A LIMITED LIABILITY COMPANY	<input type="checkbox"/> AN UNINCORPORATED ASSN OTHER THAN PARTNERSHIP	
<input type="checkbox"/> A JOINT VENTURE	<input type="checkbox"/> STATE OR LOCAL REGISTERED DOMESTIC PARTNERS	

******* BUSINESS COMMENCEMENT DATE**

5. THE REGISTRANT(S) COMMENCED TO TRANSACT BUSINESS UNDER THE FICTITIOUS BUSINESS NAME(S) LISTED ABOVE ON (INSERT DATE): _____
 NOT APPLICABLE - REGISTRANT HAS NOT YET BEGUN TO TRANSACT BUSINESS UNDER THE FICTITIOUS NAME OR NAMES LISTED ABOVE.

6.	"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) SIGNATURE: _____ NAME: (TYPE OR PRINTED) _____	STATEMENT FILED WITH THE COUNTY CLERK OF NEVADA COUNTY ON _____ STATEMENT EXPIRES ON _____
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I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE

GREGORY J. DIAZ
 NEVADA COUNTY CLERK-RECORDER

BY: _____
 DEPUTY