

FICTITIOUS BUSINESS NAME STATEMENT

NEVADA COUNTY CLERK-RECORDER

Filing Fees: Check payable to: Nevada Co. Recorder
\$30.00-One Business Name and one Owner
\$ 2.00-For each additional Owner
\$ 5.00-For each additional Business Name
 (Doing business at the same location)

Mail To: Nevada County Clerk-Recorder
 950 Maidu Ave Ste. 210
 Nevada City, CA 95959

Before Completing Statement read instructions on reverse side

The Following Person(s) is (are) doing Business as: (To list additional fictitious business names attach additional page)

1 1. Your Business Name here:

2. Additional Business Name here:

Principal Place of Business:

2 Physical Street Address (DO NOT USE PO BOX OR PRIVATE MAIL BOX ADDRESS)

City State Zip

County of Principal Place of Business: _____

Mailing Address or Same as Physical Address

City State Zip

Registered Owner(s) (Person, Corporation or LLC Name)

3 1. _____
 Full Name of Owner

Street Address _____

City State Zip _____

Registered Owner(s) (Person, Corporation or LLC Name)

2. _____
 Full Name of Owner

Street Address _____

City State Zip _____

If more than 2 registered owners attach additional page showing registered owner information

Business Conducted By: Check only one box

4 AN INDIVIDUAL
 MARRIED COUPLE
 A CORPORATION, STATE OF _____
 A TRUST
 A LIMITED LIABILITY COMPANY, STATE OF _____
 A JOINT VENTURE

GENERAL PARTNERSHIP
 A LIMITED PARTNERSHIP
 COPARTNERS
 A LIMITED LIABILITY PARTNERSHIP
 AN UNINCORPORATED ASSN OTHER THAN PARTNERSHIP
 STATE OR LOCAL REGISTERED DOMESTIC PARTNERS

Registrant began transacting business under the fictitious business name(s) listed above on:

5 Date: _____ Not Applicable-Not yet begun business

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 _____ Print name _____

This filing is a: **CLERK USE ONLY**

First Filing (**Publication Required**)
 Refile of previous file# _____
 Refiled prior to expiration or within 40 days past expiration, with NO CHANGES

Publication Required for:
 With changes
 After 40 days of expiration date
 Due to publication requirement not met on previous filing

Statement Expires on _____

Clerk Use Only

I hereby certify that this copy is a correct copy of the original on file in my office
Gregory J. Diaz, Nevada County Clerk-Recorder

By: _____ Deputy