

# STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME NEVADA COUNTY CLERK RECORDER

**FILING FEE: \$ 30.00**

MAIL TO:

NEVADA COUNTY RECORDER  
950 MAIDU AVE STE 210  
NEVADA CITY CA 95959

ITEMS #1 THROUGH #6 MUST BE LEGIBLE AND FULLY COMPLETED

**PLEASE READ INSTRUCTIONS ON PAGE TWO BEFORE COMPLETING**

**\* THE REGISTRANT(S) LISTED BELOW HAVE ABANDONED THE USE OF THE FOLLOWING FICTITIOUS BUSINESS NAME(S):**

<b>1.</b>	<b>FICTITIOUS BUSINESS NAME(S) TO BE ABANDONED:</b>	
	1.)	3.)
	2.)	4.)

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

<b>2.</b>	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**

<b>3.</b>	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.**

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

<b>4.</b>	<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 FICTITIOUS BUSINESS NAME WAS FILED IN THE COUNTY OF NEVADA ON (FILE DATE) \_\_\_\_\_ FILE # \_\_\_\_\_

<p><b>6.</b> "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)</p> <p>SIGNATURE: _____</p> <p>NAME: (TYPE OR PRINTED) _____</p>	<p>THIS STATEMENT WAS FILED WITH THE COUNTY CLERK RECORDER OF NEVADA COUNTY ON THE DATE INDICATED BY FILE STAMP ABOVE.</p>
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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 BY: \_\_\_\_\_  
NEVADA COUNTY CLERK-RECORDER DEPUTY