



**HUGH NGUYEN
CLERK-RECORDER
12 CIVIC CENTER PLAZA, ROOM 106
POST OFFICE BOX 238
SANTA ANA, CA 92702-0238**

FICTITIOUS BUSINESS NAME STATEMENT

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

1.	Fictitious Business Name(s)	(optional) Business Phone No.
1A	<input type="checkbox"/> New Statement <input type="checkbox"/> Refile - list previous No. <input type="checkbox"/> Change	
2.	Street Address, City & State of Principal place of Business City State Zip Code County (Do not use P.O. box or P.M.B.)	
3.	Full name of Registered Owner (If Corporation, enter corporation name)	If Corporation / LLC State of Incorporation or organization
	Res. / Corp. Address (Do NOT use a P.O. Box or P.M.B.) City State Zip Code	
4.	(CHECK ONE ONLY) This business is conducted by: <input type="checkbox"/> a trust <input type="checkbox"/> a state or local registered domestic partnership <input type="checkbox"/> an individual <input type="checkbox"/> a general partnership <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> a corporation <input type="checkbox"/> a Limited Liability Partnership <input type="checkbox"/> co-partners <input type="checkbox"/> a married couple <input type="checkbox"/> a joint venture <input type="checkbox"/> Limited Liability Co.	
5.	Have you started doing business yet? <input type="checkbox"/> Yes Insert Date: <input type="checkbox"/> No	Notice: This Fictitious Business Name Statement expires five years from the date it was filed in the Office of the County Clerk-Recorder. The statement expires 40 days after any change in the facts is made other than a change in the residences address of the registered owner. A new Fictitious Business Name Statement must be filed before either expiration. When ceasing to transact business under an active Fictitious Business Name Statement, Abandonment shall be filed. 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).
6.	If the registered owner is NOT a corporation, sign below: (See Instructions on the reverse side of this form) Signature: _____ _____ (Type or Print Name) 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 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).)	If the registered owner is: a corporation, an officer of the corporation signs below. any type of partnership, the general partner signs below. a limited liability company, a manager or an officer signs below. _____ Limited Liability Company/Corporation/Partnership Name _____ Signature and Title of Officer/Manager or General Partner 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 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).) _____ Print Name of Officer/Manager or General Partner

These fees apply at time of filing (Please provide a self-addressed, stamped, return envelope if mailed):
 Filing fee \$23.00 for one business name
 \$7.00 for each additional business name
 \$7.00 for each additional partner after first two