



Mark Church
OFFICE OF
**ASSESSOR-COUNTY CLERK-
RECORDER & ELECTIONS**
COUNTY OF SAN MATEO

555 COUNTY CENTER, REDWOOD CITY, CA 94063

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This space for Clerk's use only

☐ Original ☐ New Filing (Change in Facts) ☐ Refile (No Change in Facts)

Previous #: _____ ☐ ID Checked ☐ Received by Mail

FILING FEE: \$34.00 - \$5.00 per each additional Business Name or Registrant Owner

FILE NUMBER: _____

FICTITIOUS BUSINESS NAME STATEMENT

* The following person(s) is (are) doing business as:

** Street Address (No PO Box, Postal Facility or PMB)

Mailing Address If Different

City State Zip Code County

City State Zip Code

*** 1. REGISTRANT NAME & ADDRESS

*** 2. REGISTRANT NAME & ADDRESS

Name (Individual, Corp, LLC, General Partner, Trustee):

Name (Individual, Corp, LLC, General Partner, Trustee):

Street Address (PO Box, Postal facility or PMB Allowed)

Street Address (PO Box, Postal facility or PMB Allowed)

City, State & Zip Code

City, State & Zip Code

*** 3. REGISTRANT NAME & ADDRESS

*** 4. REGISTRANT NAME & ADDRESS

Name (Individual, Corp, LLC, General Partner, Trustee):

Name (Individual, Corp, LLC, General Partner, Trustee):

Street Address (PO Box, Postal facility or PMB Allowed)

Street Address (PO Box, Postal facility or PMB Allowed)

City, State & Zip Code

City, State & Zip Code

Note: If more than Four Registrants, attach additional Sheet

**** This business is conducted by: (Check One)

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company, State of Organization: _____ |
| <input type="checkbox"/> Married Couple | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation, State of Incorporation: _____ |
| <input type="checkbox"/> Copartners | <input type="checkbox"/> Trust | <input type="checkbox"/> State or Local Registered Domestic Partners |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> An Unincorporated Association other than a partnership |

*****The registrant commenced to transact business under the fictitious business name or names listed above on:

Enter N/A if you have not yet commenced to transact business.

Note: Cannot be a future date.

(Month/Day/Year or N/A)

Business & Professions Code 17930 Any person who executes, files or publishes any Fictitious Business Name Statement, knowing that such statement is false, in whole or part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1000).

This statement was filed with the San Mateo County Clerk on the date indicated by the FILED stamp in the upper right corner.

Signer acknowledges receipt of the information & instructions on the reverse of this form.

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 crime.)

Signature of Registrant: _____

Print Name of Signer: _____

NOTE: If Corporation, also print title of Officer.
If LLC, also print title of Officer/Manager

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 RESIDENCE 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).

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

**MARK CHURCH, SAN MATEO COUNTY ASSESSOR
CLERK-RECORDER & ELECTIONS**

BY: _____ DEPUTY 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 asterisks appear 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 asterisks appear in the form:

- (a) If the registrant is an **individual**, insert his or her full name and business mailing address if it differs from the business address
- (b) If the registrants are a **married couple**, insert the full name and business mailing address of both parties to the marriage if it differs from the business address
- (c) If the registrant is a **general partnership, copartnership, joint venture, limited liability partnership, or unincorporated association other than a partnership**, insert the full name and business mailing address of each general partner if it differs from the business address
- (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 business mailing 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 if it differs from the business address

**** Where four asterisks appear in the form:

- (a) Check whichever of the terms listed on the front of the form best describes the nature of the business

***** Where five asterisks appear 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 husband and wife, by the husband or wife
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, 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.

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

registrant who has filed a fictitious business name statement **shall** file a statement of abandonment of use of fictitious business name. The statement of abandonment shall be executed in the same manner as a fictitious business name statement, excluding the requirements of subdivisions (d), (e), and (f) of Section 17913 and shall be filed with the county clerk of the county in which the registrant has filed the fictitious business name statement. The statement shall be published in the same manner as a fictitious business name statement and an affidavit showing its publication shall be filed with the county clerk after the completion of publication.

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).



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**ASSESSOR-COUNTY CLERK-
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MARK CHURCH
ASSESSOR-COUNTY CLERK-
RECORDER & CHIEF ELECTIONS OFFICER

AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT

In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

This certificate must be signed in the presence of a Notary (mail/drop-off) OR
Authorized County Clerk Agent (in person)
No Erasures, Alterations and/or White-outs.

Registrant Name _____
Name of Business _____
Registrant Address _____
Street Address _____
City _____ State _____ Zip Code _____

I, _____, certify under penalty of perjury under the laws of the State of California that I am the
(Print Name)
registrant filing this Fictitious Business Name and am authorized to submit said statement to the County Clerk's Office
for filing. I understand that if I willfully make false statement on this affidavit, I may be punished by a fine not to exceed
one thousand dollars (\$1,000).

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

Signed on this _____ day of _____, 20_____
(Day) (Month)

(Registrant Signature)

If LLP, LP, LLC, Corporation, Non-Profit, Inc. and Foreign Association, a **current** Certificate of Status issued by
the Secretary of State is required for Fictitious Business Name Statement filing [B&P Code Section 17913(f)].

FOR OFFICE USE ONLY: To be completed by Authorized County Clerk Agent for in-person filings only

ID #: _____ Exp. Date: _____ Signature: _____

*****For Mail or Third Party Requests Only*****

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the
document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss
County of)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
by _____ (affiant), proved to me on the basis of presentation of satisfactory evidence to be
the person(s) who appeared before me.

Signature of Notary Public

(Notary Seal)



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**TO BE COMPLETED BY AUTHORIZED AGENT
SUBMITTING IN PERSON**

In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

This certificate must be signed in the presence of an Authorized County Clerk Agent
No Erasures, Alterations and/or White-outs.

Agent Name

First Name

Last Name

Fictitious Business Name: _____

I, _____, declare that I am the authorized agent filing this Fictitious Business Name on
(Print Name)
behalf of the registrant.

Signed on this _____ day of _____, 20____
(Day) (Month)

(Authorized Agent Signature)

To be completed by Authorized County Clerk Agent

Agent ID #: _____ Exp. Date: _____ Signature: _____



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TO BE COMPLETED BY REGISTRANT

**This Form Authorizes an Agent to Submit FBN Statement(s) By Mail
On Behalf of the Registrant(s)**

In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

No Erasures, Alterations and/or White-outs.

Fictitious Business Name: _____

Registered Owner's Name: _____

Agent Name: _____

I, _____, declare that I am the
Print Registered Owner's Name (Individual) / Authorized Officer (Legal Entity)

Registered Owner or Authorized Officer of this Fictitious Business Name and authorizes the Agent identified above to submit this filing on my/our behalf.

Signed on this _____ day of _____, 20____
(Day) (Month)

Registered Owner / Authorized Officer Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss
County of)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by
_____ (affiant), proved to me on the basis of presentation of satisfactory evidence to be the
person(s) who appeared before me.

Signature of Notary Public

(Notary Seal)