Busine	ss and Professionals Code §17900 ET SEQ.	-			
\$30. \$5.	NG FEES: 00 - FOR FIRST BUSINESS NAME AND FIRST BUSINESS OWNER 50 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME S DOING BUSINESS AT THE SAME LOCATION. 50 - FOR EACH ADDITIONAL OWNER IN EXCESS OF THE FIRST	STATEMENT AND			
Mai	il to: Placer County Clerk-Recorder		This Space R	eserved for File Stamp	
Mail to:     Placer County Clerk-Recorder       3715 Atherton Road, Rocklin, CA 95765     (530) 886-5610 or Toll free (800) 488-4308 ext. 5600			IF YOUR BUSINESS IS NOT LOCATED IN PLACER COUNTY HAVE YOU FILED AN FBN WHERE YOUR PRINICIPAL PLACE OF BUSINESS IS PHYSICALLY LOCATED? YES NO		
Р	LEASE READ INSTRUCTIONS ON REVERSE SIDE AND PRINT OR TYPE ONLY. APPLICA	TION MUST BE COMPLETELY LEGIBLI	. WHEN FILING BY MAIL PLEASE P	ROVIDE A SELF-ADDRESSED STAMPED ENVELOPE.	
k	FICTITIOUS BUSINESS NAME(S) TO BE FILED. (Must be typed or prin				
	1)	3)			
1.	2)	4)			
*	STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS.				
	STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS. STREET ADDRESS CITY	STATE	ZIP CODE	COUNTY OF PRINCIPAL PLACE OF BUSINESS	
2.					
***	REGISTRANT INFORMATION- MAILING ADDRESS.				
	FULL NAME OF REGISTRANT/OWNER			TELEPHONE #	
	BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE	
	FULL NAME OF REGISTRANT/OWNER			TELEPHONE #	
	FULL NAME OF REGISTRANT/OWNER			IELEFTIONE #	
3.	BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE	
•					
	FULL NAME OF REGISTRANT/OWNER			TELEPHONE #	
	BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE	
	IF MORE THAN 3 REGISTRANTS/OWNERS, ATTACH ADDITIONAL SHE IF REGISTRANT IS A CORPORATION OR LLC, INCLUDE STATE OF INC		MATION.		
***	BUSINESS CONDUCTED BY: Check only one box				
	□ A LIMITED PARTNERSHIP □ AN UNINCORPORATI	ED ASSOCIATION OTHER THAN PA	RTNERSHIP	A GENERAL PARTNERSHIP	
٨	AN INDIVIDUAL A LIMITED LIABILITY	COMPANY, STATE OF		CO-PARTNERS	
4.	MARRIED COUPLE CORPORATION, STA	ATE OF		□ A JOINT VENTURE	
	□ TRUST □ STATE OR LOCAL RE	EGISTERED DOMESTIC PARTNERS		A LIMITED LIABILITY PARTNERSHIP	
****	BUSINESS COMMENCEMENT DATE:				
	THE REGISTRANT(S) COMMENCED TO TRANSACT BUSINESS UNDER THE NAME(S) LISTED ABOVE ON: (A FUTURE DATE IS <u>NOT</u> ALLOWED. PLEASE INS FUTURE.)	SERT N/A IF DATE IS IN OF A FIC		IOLATION OF THE RIGHTS OF ANOTHER UNDEF	
	DATE:				
6.	NAME: (PRINT NAME OF PERSON SIGNING. IF CORP., ALSO PRINT TITLE OF OFFI	ICER. IF LLC, ALSO PRINT TITLE OF	OFFICER OR MANAGER. IF A GEN	ERAL PARTNER INDICATE HERE).	
7.	"I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORR BUSINESS AND PROFESSIONS CODE THAT THE REGISTRANT KNOWS TO BE				
	SIGNATURE:				
HE C	E: IN ACCORDANCE WITH SUBDIVISION (a) OF §17920, A FICTITIOUS NAME STA OUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF §17920, WHERE IT I NGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE	EXPIRES 40 DAYS AFTER ANY CHAM	IGE IN THE FACTS SET FORTH IN	THE STATEMENT PURSUANT TO §17913 OTHER THAN	
	ORIGINAL STATEMENT ON FILE IN MY OFFICE.				
	Ryan Ronco	RENEW PF	IOR TO:		
	County Clerk		· · · ·		
	BY:		ER:		
	Deputy	FILE NUME	LN		
	· ·				
ISTRI	BUTION: 1 - FILE COUNTY CLERK	3 - BANK AND OTHER REQUIR	ED NEEDS (CERTIFIED)		
1/2024	2 - FOR NEWSPAPER PUBLICATION (WHEN REQUIRED)	4 - REGISTRANT'S COPY	. ,	ID VERIFIED BY	

# FICTITIOUS BUSINESS NAME STATEMENT

# **INSTRUCTIONS FOR COMPLETION OF STATEMENT**

### Business and Professions Code §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 Code §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.
  - (b) If the registrants are a married couple, insert the full name and business mailing address of both parties to the marriage.
  - (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.
  - (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 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 **business mailing** address of the corporation, as set out in its articles of incorporation on file with the 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.

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

(a) Check the term listed on the front of the form that 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 §17914 The statement shall be signed as follows:
  - (a) If the registrant is an individual, by the individual.
  - (b) If the registrants are a married couple, by one of the parties to the marriage.
  - (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 §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 §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 §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 person who has filed a fictitious business name statement shall file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and shall be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

#### Business and Professions Code §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 (\$1,000.00).