

STEVE MANNING, Alameda County Clerk-Recorder
1106 Madison Street, Oakland, CA 94607
Telephone (510) 272-6362

FICTITIOUS BUSINESS NAME STATEMENT
PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 17900-17930

USE BLACK OR DARK BLUE INK ONLY

For current filing fees call (510) 272-6362, or visit our website at www.acgov.org.

FILE NUMBER: _____

DO NOT WRITE ABOVE THIS LINE

PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM – TYPE OR PRINT LEGIBLY																	
A	FICTITIOUS BUSINESS NAME(S) *																
B	<div>Street Address of Principal Place of Business (P.O. Box <u>not</u> acceptable) ** City County State Zip</div> <div>Mailing Address (Optional) City County State Zip</div>																
C	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px; vertical-align: top;">① Show full name of 1st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***</td><td style="width: 50%; padding: 5px; vertical-align: top;">② Show full name of 2nd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***</td></tr><tr><td style="padding: 5px;">Residence Street Address (P.O. Box not acceptable)</td><td style="padding: 5px;">Residence Street Address (P.O. Box not acceptable)</td></tr><tr><td style="padding: 5px;">City State Zip</td><td style="padding: 5px;">City State Zip</td></tr><tr><td style="padding: 5px;">(If a corporation or LLC, show state where registered.)</td><td style="padding: 5px;">(If a corporation or LLC, show state where registered.)</td></tr><tr><td style="padding: 5px; vertical-align: top;">③ Show full name of 3rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***</td><td style="padding: 5px; vertical-align: top;">④ Show full name of 4th Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***</td></tr><tr><td style="padding: 5px;">Residence Street Address (P.O. Box not acceptable)</td><td style="padding: 5px;">Residence Street Address (P.O. Box not acceptable)</td></tr><tr><td style="padding: 5px;">City State Zip</td><td style="padding: 5px;">City State Zip</td></tr><tr><td style="padding: 5px;">(If a corporation or LLC, show state where registered.)</td><td style="padding: 5px;">(If a corporation or LLC, show state where registered.)</td></tr></table>	① Show full name of 1 st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***	② Show full name of 2 nd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***	Residence Street Address (P.O. Box not acceptable)	Residence Street Address (P.O. Box not acceptable)	City State Zip	City State Zip	(If a corporation or LLC, show state where registered.)	(If a corporation or LLC, show state where registered.)	③ Show full name of 3 rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***	④ Show full name of 4 th Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) ***	Residence Street Address (P.O. Box not acceptable)	Residence Street Address (P.O. Box not acceptable)	City State Zip	City State Zip	(If a corporation or LLC, show state where registered.)	(If a corporation or LLC, show state where registered.)
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D	<div>BUSINESS CONDUCTED BY: *****</div> <div><table style="width: 100%;"><tr><td><input type="checkbox"/> an Individual</td><td><input type="checkbox"/> Married Couple</td><td><input type="checkbox"/> State or local registered domestic partners</td><td><input type="checkbox"/> Co-partners</td></tr><tr><td><input type="checkbox"/> a Joint venture</td><td><input type="checkbox"/> a General partnership</td><td><input type="checkbox"/> a Limited liability partnership</td><td><input type="checkbox"/> a Trust</td></tr><tr><td><input type="checkbox"/> a Corporation</td><td><input type="checkbox"/> a Limited partnership</td><td><input type="checkbox"/> a Limited liability company</td><td></td></tr></table></div> <div>(Check only 1 box) <input type="checkbox"/> an Unincorporated association other than a partnership</div>	<input type="checkbox"/> an Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> State or local registered domestic partners	<input type="checkbox"/> Co-partners	<input type="checkbox"/> a Joint venture	<input type="checkbox"/> a General partnership	<input type="checkbox"/> a Limited liability partnership	<input type="checkbox"/> a Trust	<input type="checkbox"/> a Corporation	<input type="checkbox"/> a Limited partnership	<input type="checkbox"/> a Limited liability company					
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E	<div><input type="checkbox"/> The registrant has not yet begun to transact business using the fictitious business name listed above.</div> <div><input type="checkbox"/> The registrant began to transact business using the fictitious business name(s) listed above on _____ ***** (Date)</div>																
<p>I declare that all information on 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 misdemeanor punishable by a fine not to exceed one thousand dollars [\$1,000].)</p> <p>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.</p> <p>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).</p> <p>SIGNATURE OF REGISTRANT _____</p> <p>PRINT NAME _____</p> <p>PRINT NAME OF PERSON SIGNING. PRINT TITLE IF REQUIRED (See back of form, Section F).</p> <p>THIS STATEMENT WAS FILED WITH THE CLERK-RECORDER OF ALAMEDA COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE</p>																	

THE INFORMATION BELOW IS NOT TO BE PUBLISHED (SEC. 17924, B&P)

REQUIREMENTS FOR FILING THE STATEMENT

Every person or entity who regularly transacts business in this state for profit using a fictitious business name shall file a fictitious business name (FBN) statement not later than 40 days from the date such business commences. The registrant shall file a new statement on or before the date of expiration of each FBN statement. The statement shall be filed in the county in which the principal place of business is located. If the principal place of business is outside this state, the statement shall be filed with the Clerk of Sacramento County.

INSTRUCTIONS FOR COMPLETING THE STATEMENT. Type or print legibly and firmly in black ink.

- A. * Where one asterisk (*) appears on the form, insert the fictitious business name or names. Only those businesses operated at the same street address may be listed on one statement. If more than one name is listed, number each name; the clerk's form **Additional Information** may be used to list additional names. If the fictitious name includes Corporation, Corp., Incorporated, INC., Limited Liability Company, LLP, or L.L.C. the registrant must also submit a state endorsed copy of the articles of incorporation or articles of organization for such name or for such registrant.
- B. ** Where two asterisks appear on the form, insert the street address of the principal place of business. **(P.O. Box, postal drop box, mailing suite, or c/o addresses are not acceptable.)**
- C. *** Where three asterisks appear on the form:
- Individual: Insert full name and residence address* of the individual.
 - Partnership or other association of persons: Insert full name and residence address* of each **general** partner.
 - Limited liability company: Insert the name, street address and state of organization, as shown in its Articles of Organization.
 - Trust: Insert full name and residence address* of each trustee.
 - Corporation: Insert the name and address of the corporation as set out in the articles of incorporation, and the state of incorporation.
 - Married couple, or state or local registered domestic partners: Insert full name and residence address* of each person. Use a separate box for each person.
- D. **** Where four asterisks appear on the form, indicate whichever best describes the nature of the business ownership.
- E. ***** Where five asterisks appear on the form, insert the date on which the registrant(s) first commenced to transact business using the fictitious business name or names listed. If the registrant has not yet begun to transact business using the fictitious business name(s) listed above, mark the first box. Otherwise, mark the second box and insert the date upon which registrant began transacting such business(es).
- F. Individual: The individual must sign.
Partnership or other association of persons: A general partner must sign and indicate title.
Business Trust: A trustee must sign and indicate relationship.
Corporation: An officer of the corporation must sign and indicate his/her title. (Signature of an agent or an assistant officer is not acceptable.)
Limited liability company: A manager or officer must sign.
Married couple, or state or local registered domestic partners: One person must sign.

NOTICE TO REGISTRANT (SEC. 17924 B&P CODE)

Within 30 days after the fictitious business name statement has been filed with the county clerk, the statement must be published in a newspaper of general circulation in the county where the statement was filed. The newspaper selected should be one that circulates in the area where the business is to be conducted. The statement must be published once a week for four successive weeks with five days between each date of publication. An affidavit of publication must be filed with the county clerk within 30 days after the completion of the publication. (Sec. 17917 B&P Code, Sec. 6064 Gov. Code).

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

EXPIRATION OF FICTITIOUS BUSINESS NAME STATEMENT (SEC. 17920 B&P CODE)

- A. Unless the statement expires earlier under (b) or (c) below, a fictitious business name statement expires five years from the date it was filed. **A NEW STATEMENT MUST BE FILED BEFORE THE EXPIRATION DATE.**
- B. A fictitious business name statement expires 40 days after any change in the facts set forth in the statement, except (1) a change in the residence address of an individual, general partner, or trustee does not cause the statement to expire prior to the end of the five year term; and (2) the filing of a statement of withdrawal from partnership by a withdrawing partner does not cause the statement to expire prior to the end of the five year term. **A NEW STATEMENT MUST BE FILED WITHIN 40 DAYS AFTER A CHANGE IN THE FACTS.**
- C. A fictitious business name statement expires when the registrant files a statement of abandonment of the fictitious business name described in the statement.

TRADE NAME REGISTRATION (SEC. 14411, 14412, 14415, 14416 B&P CODE)

The filing of articles of incorporation with the state and/or a fictitious business name statement in the county establishes a rebuttable presumption in that county that the registrant or corporation has the exclusive right to use that business name, as well as any confusingly similar name, if the registrant or corporation is the first to register such name and is actively engaged in a business utilizing the name. The rebuttable presumption shall be applicable until the statement is abandoned or otherwise expires and no new statement has been filed by the registrant.