

TOM DALY
ORANGE COUNTY CLERK-RECORDER
12 CIVIC CENTER PLAZA, ROOM 106
POST OFFICE BOX 238
SANTA ANA, CA 92702-0238

FICTITIOUS BUSINESS NAME STATEMENT

To ensure a prompt and accurate record of your filing, type or print in black ink only.
 DO NOT ABBREVIATE.

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 _____ (Do NOT use a P.O. Box or P.M.B.)	
3.	Full name of Registrant (If Corporation, enter corporation name)	If Corporation/L.L.C. State of Incorporation or organization
	Res./Corp. Address (Do NOT use a P.O. Box or P.M.B.)	City _____ State _____ Zip Code _____
	Full name of Registrant (If Corporation, enter corporation name)	If Corporation/L.L.C. State of Incorporation or organization
	Res./Corp. Address (Do NOT use a P.O. Box or P.M.B.)	City _____ State _____ Zip Code _____
	Full name of Registrant (If Corporation, enter corporation name)	If Corporation/L.L.C. 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 () an individual () a general partnership () a limited partnership () an unincorporated association other than a partnership () a corporation () a business trust () co-partners () husband and wife () joint venture () Limited Liability Co. () Other—Specify _____	
5.	Have you started doing business yet? Yes _____ Insert the date you started: _____ No _____	NOTICE: THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK-RECORDER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT DATE. 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 Registrant 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 information which he or she knows to be false is guilty of a crime.)	
	If Registrant is a corporation, an officer of the corporation signs below: If Registrant is a limited liability company, a manager or an officer signs below. _____ Limited Liability Company Name/Corporation Name _____ Signature and Title of Officer or Manager 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.) _____ Print or Type Officer's/Manager's Name and Title	

(THIS FEE APPLIES AT THE TIME OF FILING)
 FILING FEE \$23.00 FOR ONE BUSINESS NAME.
 \$7.00 FOR EACH ADDITIONAL BUSINESS NAME.
 \$7.00 FOR EACH ADDITIONAL PARTNER AFTER FIRST TWO.
 PROVIDE A SELF-ADDRESSED, STAMPED, RETURN ENVELOPE IF MAILED.