

# FICTITIOUS BUSINESS NAME STATEMENT

## NEVADA COUNTY CLERK-RECORDER

**Filing Fees:** Check payable to: Nevada Co. Recorder  
**\$30.00-One Business Name and one Owner**  
**\$ 2.00-For each additional Owner**  
**\$ 5.00-For each additional Business Name**  
 (Doing business at the same location)

Mail To: Nevada County Clerk-Recorder  
 950 Maidu Ave Ste. 210  
 Nevada City, CA 95959

**Before Completing Statement read instructions on reverse side**

**The Following Person(s) is (are) doing Business as:** (To list additional fictitious business names attach additional page)

**1** 1. Your Business Name here:

2. Additional Business Name here:

**Principal Place of Business:**

**2** Physical Street Address (DO NOT USE PO BOX OR PRIVATE MAIL BOX ADDRESS)

City State Zip

County of Principal Place of Business: \_\_\_\_\_

Mailing Address or  Same as Physical Address

City State Zip

**Registered Owner(s) (Person, Corporation or LLC Name)**

**3** 1. \_\_\_\_\_  
 Full Name of Owner

Business Mailing Address or  Same as Business Mailing Address

City State Zip

**Registered Owner(s) (Person, Corporation or LLC Name)**

2. \_\_\_\_\_  
 Full Name of Owner

Business Mailing Address or  Same as Business Mailing Address

City State Zip

**If more than 2 registered owners attach additional page showing registered owner information**

**Business Conducted By:** Check only one box

**4**  AN INDIVIDUAL  
 MARRIED COUPLE  
 A CORPORATION, STATE OF \_\_\_\_\_  
 A TRUST  
 A LIMITED LIABILITY COMPANY, STATE OF \_\_\_\_\_  
 A JOINT VENTURE

GENERAL PARTNERSHIP  
 A LIMITED PARTNERSHIP  
 COPARTNERS  
 A LIMITED LIABILITY PARTNERSHIP  
 AN UNINCORPORATED ASSN OTHER THAN PARTNERSHIP  
 STATE OR LOCAL REGISTERED DOMESTIC PARTNERS

**Registrant began transacting business under the fictitious business name(s) listed above on:**

**5**  Date: \_\_\_\_\_  Not Applicable-Not yet begun business

**6** "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)

Signature \_\_\_\_\_ Print name \_\_\_\_\_

This filing is a: **CLERK USE ONLY**

First Filing (**Publication Required**)  
 Refile of previous file# \_\_\_\_\_  
 Refiled prior to expiration or within 40 days past expiration, with NO CHANGES

**Publication Required for:**  
 With changes  
 After 40 days of expiration date  
 Due to publication requirement not met on previous filing

**Statement Expires on** \_\_\_\_\_

Clerk Use Only

I hereby certify that this copy is a correct copy of the original on file in my office  
**Armando Salud-Ambriz, Nevada County Clerk-Recorder**

By: \_\_\_\_\_ Deputy