EI D 360	elle K. Horno Jorado Count Fair Lane, P Jone: (530) 6 <u>2</u> 1	y Recorde lacerville, (					
	k Note:		necked	Received by Mail			
File I	Number of Fictit	ious Busines	ss Name Statem	nent:			
Date	Fictitious Busin	ess Name w	vas filed in El Do	orado County:			
Ema	il Address (Opti	onal)					
Fictit	STAT ious Business N			OONMENT OF FIC	TITIOUS BUSINESS NAI	ME STATEMENT	
Stree	et Address (NO	PO Box, Pos	stal Facility or P	MB)			
City,	State and Zip C	Code				County	
Business Mailing Address:							
Busi	ness Mailing Cit		Zip Code			County	
	Registrant's N						
1	Business Mailing Address						
	City, State and Zip Code						
	Registrant's N	ame					
2	Business Mailing Address						
	City, State and						
This	business is con	•					
	An Individual				al Partnership Limited Liability Company, State of LLC:		
	A Married Co Copartners	upie	A Limite		A Corporation, State of Incorporation: State/Local Registered Domestic Partners		
Joint Venture			A IIusi		An Unincorporated Association other than a partnership		
I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business							
Sigr	nature of Reg	istrant			nor punishable by a fine not to exceed o	one thousand dollars (\$1,000).)	
(If Corporation, Corporation Officer. If LLC, Officer, Manager or Managing Member)  Signature of Registrant  Printed Name of Registrant. If Corporation, Name and Corporate Officer Title. If LLC, Name & Officer Title (Officer, Manager or Managing Member.							
Printe	ed Name of Regis	trant. If Corpo	oration, Name an	d Corporate Officer Title. If L	LC, Name & Officer Title (Officer, Mana	ger or Managing Member.	
filed count busin Any p	with the county cl ty where the prin less is conducted ( person who execu	erk within 45 cipal place of (Business & Pr tes, files, or po	days after publicated business is located for fessions Code 1 bublishes any fictit	ation has been accomplished. ed. The Statement should be 7917). ious business name statemen	The Statement should be published in a		
		DORADO COUNTA			CERTIFICATION  This is a true and correct copy of the original statement on file in my office.		
RECORDERCLERK				JANELLE K. HORNE, COUNTY RECORDER-CLERK			
By:							
					Deputy Clerk		

Newspaper Bank or other Agency Your Records

## THE INSTRUCTIONS BELOW ARE NOT TO BE PUBLISHED (SEC. 17924, B&P) INSTRUCTIONS FOR COMPLETION OF STATEMENT:

## **SECTION 17922 BUSINESS & PROFESSIONS CODE**

UPON CEASING TO TRANSACT BUSINESS IN THIS STATE UNDER A FICTITIOUS BUSINESS NAME THAT WAS FILED IN THE PREVIOUS FIVE YEARS, A PERSON(S) 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 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(S) FILED THEIR FICTITIOUS BUSINESS NAME STATEMENT. THE STATEMENT SHALL BE PUBLISHED IN THE SAME MANNER AS THE FICTITIOUS BUSINESS NAME STATEMENT AND AN AFFIDAVIT SHOWING ITS PUBLICATION SHALL BE FILED WITH THE COUNTY CLERK AFTER COMPLETION OF PUBLICATION.

## THE STATEMENT SHALL INCLUDE:

- (1) THE NAME BEING ABANDONED AND THE STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS.
- (2) THE DATE ON WHICH THE FICTITIOUS BUSINESS NAME STATEMENT RELATING TO THE FICTITIOUS BUSINESS NAME BEING ABANDONED WAS FILED, THE FILE NUMBER AND THE COUNTY WHERE FILED.
- (3) IF THE REGISTRANT IS AN INDIVIDUAL, THE FULL NAME AND BUSINESS MAILING ADDRESS OF THE INDIVIDUAL.
- (4) IF THE REGISTRANTS ARE A MARRIED COUPLE, THE FULL NAME AND BUSINESS MAILING ADDRESS OF BOTH PARTIES TO THE MARRIAGE.
- (5) IF THE REGISTRANT IS A GENERAL PARTNERSHIP, LIMITED PARTNERSHIP, COPARTNERS, A LIMITED LIABILITY PARTNERSHIP, A JOINT VENTURE, OR AN UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP, THE FULL NAME AND BUSINESS MAILING ADDRESSES OF ALL THE GENERAL PARTNERS.
- (6) IF THE REGISTRANT IS A CORPORATION, THE NAME AND ADDRESS OF THE CORPORATION AS SET OUT IN ITS ARTICLES OF INCORPORATION ON FILE WITH THE CALIFORNIA SECRETARY OF STATE.
- (7) IF THE REGISTRANT IS A TRUST, THE FULL NAME AND BUSINESS MAILING ADDRESS OF EACH OF THE TRUSTEES.
- (8) IF THE REGISTRANT IS A LIMITED LIABILITY COMPANY, THE NAME AND ADDRESS OF THE LIMITED LIABILITY COMPANY, AS SET OUT IN ITS ARTICLES OF ORGANIZATION ON FILE WITH THE CALIFORNIA SECRETARY OF STATE.
- (9) IF THE REGISTRANTS ARE STATE OR LOCAL REGISTERED DOMESTIC PARTNERS, THE FULL NAME AND BUSINESS MAILING ADDRESS OF EACH DOMESTIC PARTNER.

## NOTICE TO REGISTRANT- SECTION 17924 BUSINESS & PROFESSIONS CODE

THE STATEMENT OF ABANDONMENT OF FICTITIOUS BUSINESS NAME MUST BE PUBLISHED IN A NEWSPAPER ONCE A WEEK FOR FOUR SUCCESSIVE WEEKS AND AN AFFIDAVIT OF PUBLICATION FILED WITH THE COUNTY CLERK WITHIN 45 DAYS AFTER PUBLICATION HAS BEEN ACCOMPLISHED. THE STATEMENT SHOULD BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY WHERE THE PRINCIPAL PLACE OF BUSINESS IS LOCATED. THE STATEMENT SHOULD BE PUBLISHED IN SUCH COUNTY IN A NEWSPAPER THAT CIRCULATES IN THE AREA WHERE THE BUSINESS IS CONDUCTED (BUSINESS & PROFESSIONS CODE 17917).

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 (\$1,000) (BUSINESS & PROFESSIONS CODE 17930).

MOUNTAIN DEMOCRAT	GEORGETOWN GAZETTE & TOWN CRIER	TAHOE DAILY TRIBUNE
2889 Ray Lawyer Dr, Placerville	2889 Ray Lawyer Dr, Placerville	3079 Harrison Street, South Lake Tahoe
PO Box 1088, Placerville CA 95667	PO Box 108, Placerville, CA 95667	
(530) 622-1255	(530) 344-5040	(530) 541-3880