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FILE NO:

AMADOR COUNTY CLERK/RECORDER
KIMBERLY L. GRADY
810 Court Street
Jackson, California 95642-2132
Phone (209) 223-6468
Fax (209) 223-6204

**STATEMENT OF ABANDONMENT OF USE OF
FICTITIOUS BUSINESS NAME**

The following person (s) have/has abandoned the use of the following fictitious business name(s):

*Name of Business (es)

**at

Street address of principal place of business

***The fictitious business name statement was filed on
as File Number in the County of Amador

****REGISTERED OWNER(S):

PHONE NUMBER

1. Name
Address
City State Zip

3. Name
Address
City State Zip

2. Name
Address
City State Zip

4. Name
Address
City State Zip

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

*****THIS BUSINESS IS CONDUCTED BY: (CHECK ONE)

- An Individual General Partnership Limited Partnership Limited Liability Company A Corporation A Married Couple
- Unincorporated Association other than a Partnership Trust Co-Partners A Joint Venture

NOTICE -In accordance with subdivision (a) of Section 17922 of the Business and Professions Code, upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five (5) years, a registrant who has filed a Fictitious Business Name Statement shall file a Statement of Abandonment of use of Fictitious Business Name. The statement of abandonment shall be executed in the same manner as a Fictitious Business Name Statement, excluding the requirements of subdivisions (d), (e), and (f) of Section 17913 and shall be filed with the County Clerk of the county in which the registrant has filed his or her Fictitious Business Name Statement. The statement shall be published in the same manner as a Fictitious Business Name Statement and an affidavit showing it's publication shall be filed with the County Clerk after the completion of publication.

Sign and Print Name and Title

This statement was filed with the County Clerk of **Amador** County on the date indicated by the file stamp above.

*I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY
OFFICE KIMBERLY L. GRADY, COUNTY CLERK BY: , DEPUTY*

See Reverse for Instructions

INSTRUCTIONS FOR COMPLETION OF FORM AND INFORMATION —REVISED 01/01/2014

* Where one asterisk appears in the form:

Insert the fictitious business name or names.

Only those businesses names shown on the original fictitious business name statement may be listed on the abandonment form.

** Where two asterisks appear in the form:

Insert address (es) of business (es) as shown on original filing.

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:

Insert the original date of filing of the fictitious business name and the file number as shown on the original filing.

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

Insert the name (s) of the registered owner (s) as shown on the original filing.

- (a) If an **individual**, full name and residence address of the individual
- (b) If a **married couple**, the full names and residence addresses of both parties to the marriage
- (c) If a **general partnership**, a **limited partnership**, **copartners**, a **limited liability partnership**, a **joint venture**, or an **unincorporated association other than a partnership**, the full names and residence addresses of all of the general partners
- (d) If a **corporation**, the name and address of the corporation as set forth in it's articles of incorporation on file with the California Secretary of State
- (e) If a **trust**, the full name and residence address of each of the trustees
- (f) If a **limited liability company**, the name and address of the limited liability company as set forth in it's articles of organization on file with the California Secretary of State
- (g) If state or local **registered domestic partners**, the full name and residence address of each domestic partner

*****Where five asterisks appear in the form:

- (a) Check the box indicating how the business was being conducted as shown on the original filing.

SIGNATURE

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 either party
- (c) If the registrant is a **general partnership**, **limited partnership**, **limited liability partnership**, **co-partnership**, **joint venture**, or **unincorporated association other than a partnership**, by the general partner
- (d) If the registrant is a **limited liability company**, by a manager or officer –indicate his/her title, an agent is not acceptable
- (e) If the registrant is a **trust**, by a trustee
- (f) If the registrant is a **corporation**, by an officer –indicate his/her title
- (g) If the registrant is a **state registered domestic partnership**, by one of the domestic partners

PUBLICATION REQUIREMENT

Business and Professions Code 17922 (a)

Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five (5) years, a registrant who has filed a Fictitious Business Name Statement shall file a Statement of Abandonment of use of Fictitious Business Name. The statement of abandonment shall be executed in the same manner as a Fictitious Business Name Statement, excluding the requirements of subdivisions (d), (e), and (f) of Section 17913 and shall be filed with the County Clerk of the county in which the registrant has filed his or her Fictitious Business Name Statement. The statement shall be published in the same manner as a Fictitious Business Name Statement and an affidavit showing it's publication shall be filed with the County Clerk after the completion of publication.