

Shasta County Clerk 1643 Market Street Redding, CA 96001 (530) 225-5730

## Fictitious Business Name Statement of Abandonment

See reverse for instructions and filing fees.

The following person(s) has/have abandoned the use of the Fictitious Business Name(s):

1. Fictitious business name(s):						
Α	В					
2. Street address of principal place of business:	Mailing address, if different:					
Address	Mailing address					
City State Zip code	City	State Zip code				
3. Name and address of registrant(s):						
Registrant name	Registrant name					
Registrant, Corporation, or LLC address	Registrant, Corporation, or LLC address					
City State Zip code	City	State Zip code				
State of Incorporation, if Corporation or LLC       State of Incorporation, if Corporation or LLC						
4. Business is conducted by:						
<ul> <li>An Individual</li> <li>A Married Couple</li> <li>A Corporation</li> <li>Co-partners</li> <li>A General Partnership</li> </ul>						
5. Original File Number:	Original File Date:					
I declare that all information in this statement is true and correct. A registrant who executes this statement knowing that such statement is false in whole or in part shall be guilty of a misdemeanor punishable by a fine not to exceed \$1,000.						
Print name of registrant, Corporation or LLC	II Corporation of LLC, Nam	le and fille of Officer				
Signature of registrant	of registrant If Corporation or LLC, Signature of Corporate Officer					
Notice: In accordance with subdivision (A) of Section 17922 Busine ceasing to transact business in this state under a fictitious busines previous five years, a person who has filed a fictitious business nar statement of abandonment of use of fictitious business name.	name that was filed in the					

Ву: \_\_\_\_

Deputy Clerk

### Instructions to Complete Statement of Abandonment

The information on this form is a public record.

Business and Professions Code § 17930 Providing false information on this form is a misdemeanor and is punishable by a fine of up to \$1,000.00.

Business and Professions Code §17922 Please provide the following information on the front of this form:

- 1. The fictitious business name(s) being abandoned.
- The street address of the business.
   The mailing address of the business if different and listed on the most recent fictitious business name application.
- 3. The name(s) of the registrant(s)/owner(s) of the business(es). Must match the most recent filing of the fictitious business name being abandoned. If the registrant(s)/owner(s) is/are:

an individual, write his/her full name and street address.

a married couple, write the full name and street address of both parties to the marriage.

- a corporation, write the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation, and the name of the state of incorporation.
- a co-partnership, general partnership, limited partnership, limited liability partnership, or joint venture write the full name and street address of each general partner.

a trust, write the full name and street address of each trustee. The trust itself is not listed as a registrant/owner. an unincorporated association other than a partnership, write the full name and street address of each person who is a member of

the association and whose liability is substantially the same as that of a general partner.

state or local registered domestic partners, write the full name and street address of both domestic partners. a limited liability company, write the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization, and the name of the state of organization.

- 4. Check the box which best describes the registrant/owner(s) of the business. Must match the most recent filing of the fictitious business name being abandoned.
- 5. The file number and filing date of the most recent fictitious business name statement. This information is on the client copy of the most recent fictitious business name statement. It is also available on the Shasta County Clerk website, https://www.co.shasta.ca.us/index/clerk\_index/fict\_bus\_name.aspx, under "Search Business Name," or by contacting the Shasta County Clerk's Office. See front of this form for the phone number and address.

The printed name and signature of (one of) the registrant(s)/owner(s). If the registrant/owner is:

an individual, the statement will be signed by the individual.

a married couple, the statement will be signed by one of the spouses.

- a corporation, write the name of the corporation and the statement will be signed by an officer of the corporation.
- a partnership or other association of persons, the statement will be signed by a general partner.

a trust, the statement will be signed by a trustee.

a state or local registered domestic partnership, the statement will be signed by one of the domestic partners.

a limited liability company, write the name of the organization and the statement will be signed by a member or officer of the organization.

#### Instructions for Publication

Business and Professions Code § 17917, 17922

When a registrant/owner stops doing business using the fictitious business name(s) filed within the past 5 years, a Statement of Abandonment of fictitious business name must be filed in the same county and must be published in a newspaper in that county within 30 days of filing. It must be published once a week for four uninterrupted weeks and proof of publication must be filed with the county clerk within 30 days after the last week.

## Fictitious Business Name Statement of Abandonment-Addendum Page

Provided to list additional Fictitious Business Names and/or Registrants that will not fit on page 1.

# Additional Fictitious Business Name(s)

#### Additional Registrant(s)

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Full Name				Full Name		
Residence Address				Residence Address		
City	State	Zip	_	City	State	Zip
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If Corporation or LLC - Print State of Incorporation/Organization				in corporation of EEC - Print Sta	the of incorporation/organization	
Г			-			
Full Name				Full Name		
Residence Address				Residence Address		
City	State	Zip		City	State	Zip
If Corporation or LLC - Print State of	Incorporation/Organization			If Corporation or LLC - Print Sta	te of Incorporation/Organization	
Full Name			7	Full Name		
Residence Address			_	Residence Address		
City	C+-+-	Zip	_	City	Ch-14-	Zip
City	State	Zip		City	State	Zip
			_			
If Corporation or LLC - Print State of	Incorporation/Organization			If Corporation or LLC - Print Sta	te of Incorporation/Organization	
			_			
Full Name				Full Name		
Residence Address				Residence Address		
City	State	Zip		City	State	Zip
If Corporation or LLC - Print State of	Incorporation/Organization		-	If Corporation or LLC - Print Sta	te of Incorporation/Organization	
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