

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

FILE NO.: _____

FILING FEE - \$10.00

The following person(s) has/have abandoned the use of the FICTITIOUS BUSINESS NAME OF:

(business name as it appears on the original statement)

Located at: _____
(business address as it appears on the original statement)

The Fictitious Business Name Statement referred to above was filed on _____
in the County of Sacramento. (Month, Day & Year)

Print or type the full name and residence of required person(s) specified on reverse side as it appears on the original statement:*

1. _____
(full name)

(address)

(city/state/zip code)

2. _____
(full name)

(address)

(city/state/zip code)

3. _____
(full name)

(address)

(city/state/zip code)

4. _____
(full name)

(address)

(city/state/zip code)

** This business was conducted by : _____
(type of ownership-individual, corporation, general partnership, etc
as it appears on the original statement)

Signed by : _____

This statement was filed with the County Clerk-Recorder of Sacramento County on the date indicated by the file stamp above.

See reverse side for instructions

**THE INSTRUCTIONS BELOW ARE NOT TO BE PUBLISHED
(BUSINESS & PROFESSIONS CODE SECTION 17924)**

INSTRUCTIONS FOR COMPLETION OF STATEMENT

(Business & Professions Code Section 17922 (b).)

(*) In the case of an individual, the full name and address of the individual is to be inserted. In the case of a married couple, insert the full name and residence address of both spouses. In the case of a general partnership, co-partnership, joint venture, limited partnership, limited liability partnership, or unincorporated association other than a partnership, insert the full name and residence address of each general partner. In the case of a limited liability company, insert the name and address of the limited liability company, as set out in its articles of organization on file with the Secretary of State, and the state of organization. In the case of a corporation, the name and address of the corporation as set forth in its articles of incorporation and the State of incorporation is to be inserted. In the case of a trust, the full name and residence address of each of the trustee(s) are to be inserted. In the case of a state or local registered domestic partnership, the full name and residence address of each domestic partner.

(**) Insert whichever of the following best describes the nature of the business being abandoned as it appears on the original statement: “an individual”, “a married couple”, “a general partnership”, “a co-partnership”, “a joint venture”, “a limited partnership”, “an unincorporated association other than a partnership”, “a corporation”, “a trust”, “a limited liability company”, “a limited liability partnership”, “state or local registered domestic partners”.

If the person is an individual, the statement shall be signed by the individual. If a married couple, by either spouse. If a general partnership, co-partnership, limited partnership, limited liability partnership, joint venture or other association of persons, by a general partner. If a trust, by a trustee. If a corporation, by an officer. If a limited liability company, by a manager or officer. If a state or local registered domestic partnership, by one of the domestic partners. (Section 17914 B&P Code)

NOTICE

Publishing Requirement

Business & Professions Code Section 17922 (a).)

“A person who has filed a fictitious business name statement shall, upon ceasing to transact business in this state under that fictitious business name, 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 has filed his fictitious business name statement. **The statement shall be published in the same manner as a fictitious business name statement and an affidavit showing its publication shall be filed with the county clerk after the completion of publication.**”