



**KIMBERLY L. GRADY
 AMADOR COUNTY CLERK/RECORDER
 810 COURT STREET
 JACKSON, CA 95642-2132
 (209) 223-6468**

This space for Clerk's use only

FILE NUMBER:

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

***ORIGINAL FILE NUMBER:** _____ **FILED ON:** _____ **IN AMADOR COUNTY**

****Fictitious Business Name(s):** _____

***** Street Address (No PO Box, Postal Facility or PMB)** _____

City	State	Zip Code	County	Phone Number
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REGISTRANT NAME & BUSINESS MAILING ADDRESS	REGISTRANT NAME & BUSINESS MAILING ADDRESS
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**** 1. Name (Individual, Corp, LLC, General Partner, Trustee):	**** 2. Name (Individual, Corp, LLC, General Partner, Trustee):
------------------------------------------------------------------------	------------------------------------------------------------------------

Business Mailing Address (if different than above)	Business Mailing Address (if different than above)
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City, State & Zip Code	City, State & Zip Code
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REGISTRANT NAME & BUSINESS MAILING ADDRESS	REGISTRANT NAME & BUSINESS MAILING ADDRESS
--------------------------------------------	--------------------------------------------

**** 3. Registrant Name (Individual, Corp, LLC, General Partner, Trustee):	**** 4. Registrant Name (Individual, Corp, LLC, General Partner, Trustee):
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Business Mailing Address (if different than above)	Business Mailing Address (if different than above)
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City, State & Zip Code	City, State & Zip Code
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******* This business was conducted by: (Select One)**

- | | | |
|----------------|-------------------------------|---------------------------------------------------------|
| Individual | General Partnership | Limited Liability Company, State of Organization: _____ |
| Married Couple | Limited Partnership | Corporation, State of Incorporation: _____ |
| Copartners | Trust | State/Local Registered Domestic Partners |
| Joint Venture | Limited Liability Partnership | An Unincorporated Association other than a partnership |

Business & Professions Code 17930 Any person who executes, files, or publishes any statement under this chapter, knowing it to be false, in whole or in part, is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).

**This statement was filed with Amador County Clerk on the date indicated by the FILED stamp in the upper right corner.
 Signer acknowledges receipt of the information & instructions on the reverse of this form.**

I declare that all information in this statement is true and correct.

Signature of Registrant: _____

Print Name of Signer: _____

*NOTE: If Corporation, also print title of Officer.
 If LLC, also print title of Officer/Manager.*

CERTIFICATION

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

KIMBERLY L. GRADY, COUNTY CLERK/RECORDER

BY: _____ DEPUTY CLERK

**INFORMATION AND INSTRUCTIONS FOR COMPLETION OF AN
ABANDONMENT OF A FICTITIOUS BUSINESS NAME STATEMENT**
THE INFORMATION BELOW IS NOT TO BE PUBLISHED (B&P SEC. 17924)

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 its publication shall be filed with the county clerk after the completion of publication.

INSTRUCTIONS:

*** Where one asterisk appears in the form:**

Insert the original file number and date of filing of the fictitious business name statement being abandoned.

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

Insert the fictitious business name(s) being abandoned as shown on the original filing.

Only those business names shown on the original filing may be listed on the abandonment form.

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

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

Mail box and post office box number are NOT acceptable as a business address.

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

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

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

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

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 to the marriage
- (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 a 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