

**FICTITIOUS BUSINESS NAME
ADDITIONAL INFORMATION
(Business & Registrant names)**

**FBN/ABANDONMENT
FBN FILE NUMBER:** _____

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

ADDITIONAL BUSINESS NAME(S)

(1)

(2)

(3)

(4)

(5)

ADDITIONAL REGISTRANT NAME(S)

Name of Registrant – First, Middle and Last for individual or name of Corp./LLC

Business Mailing Address (if Corp. or LLC enter the address as listed in the articles.)

City State Zip

If Corp., or LLC, then identify state of incorporation or organization (must be registered in CA).

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

By _____, Deputy

PETER ALDANA
Assessor, County Clerk, Recorder
County of Riverside