Business & Professions Code Section 17922

Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who filed a fictitious business name statement shall file a statement of abandonment of use of a 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 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.

Phone No. () _____ (Phone number will be kept confidential)

INSTRUCTIONS

STATEMENT of ABANDONMENT of Use of a Fictitious Business Name

Please read all information below **BEFORE** completing the application!

Please provide the following information on the application:

- The fictitious name being abandoned, the street address and county of the principal place of business.
- The date on which the fictitious business name (FBN) statement relating to this abandonment was filed.
- The file number of the *original* fictitious business name statement.

The above information is located on the original FBN statement. It can also be found in the FBN indices located on our website www.yolorecorder.org, or in our office.

List all registrants and their business mailing addresses.

If a...

- A Married Couple, the full name and the business mailing address of both the parties to the marriage.
- *Partnership*, or other association of persons, the full names and the business mailing addresses of all the general partners is required.
- *Corporation*, the name and address of the corporation, as set forth in its articles of incorporation and state of corporation are required.
- *Trust*, the full name and the business mailing address of each trustee is required.
- Limited Liability Company, the name and address of the limited liability company as set out in its articles of organization and state of organization are required.
- State of Local Registered Domestic Partners, the full name and the business mailing address of both domestic partners.

Your filed Statement of Abandonment must be published in a newspaper, once a week, for four (4) consecutive weeks and an affidavit of publication filed with the County Clerk when publication has been accomplished. (Business & Professions [B&P] Code Section 17917)



Once your Statement has been <u>filed</u> with the County Clerk/Recorder and you have been issued three (3) certified copies, <u>NO</u> changes, additions or corrections may be made to this statement. If any alterations need to be made you will need to file a <u>NEW</u> Statement of Abandonment and pay a new \$55 filing fee.

Any person who executes, files, or publishes any fictitious business name, abandonment, or withdrawal statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1,000). (B&P Code Section 17930)

STATEMENT of ABANDONMENT of USE of FICTITIOUS BUSINESS NAME

Jesse Salinas, County Clerk/Recorder Yolo County Clerk/Recorder 625 Court Street, Room #B01 - Woodland CA 95695 (530) 666-8130

Name of Pusings(sa)						
Name of Business(es)						
Physical Street Address (No P. O. Box)	City			St	Zip	Coun
	·				•	
The fictitious business name was filed in Yolo County on isted below:	(date)	and is bein	g ABAND C)NED by	the regist	trant(s)
1Full Name of Registrant	2		Full Name of Regis			
Full Name of Registrant			Full Name of Regis	strants		
Business Mailing Address	- -	Business Mailing Address				
City St Zip County	-	City		St Zip	Cour	ıty
If additional registrants need to be listed please atta	ch sheet(s) showing	each registrant's nan	ne and address info	rmation		
		.C name, as set forth				mzation
with the California Secretary of State and State of incorporation or organ.	ization along wit	h the address and o	ounty of the prin	ncipal place	of business:	
with the California Secretary of State and State of incorporation or organ. Corporation or LLC Name Physical Stre	ization along wit		ounty of the prin		of business:	
c with the California Secretary of State and State of incorporation or organ. Corporation or LLC Name Physical Street. The business was conducted by: (check one)	ization along wit	th the address and c	ounty of the prin	ncipal place St Zi _l	of business: Cour	nty
with the California Secretary of State and State of incorporation or organ. Corporation or LLC Name Physical Stree The business was conducted by: (check one)	eet Address Partnership []	city Limited Liability Co	npany [] Lim	St Zij	Of business: Cour	nty
Corporation or LLC Name Physical Stree The business was conducted by: (check one) [] An Individual [] Corporation [] Unincorporated Association other that a [] A Married Couple [] A Trust [] General Partnership [] Joint Vent	eet Address Partnership [] ture [] Limited	city Limited Liability Co	npany [] Lim	St Zip	of business: Cour [] Co-partn Domestic Par	ers tners
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Corporation or LLC Name Physical Stree The business was conducted by: (check one) [] An Individual [] Corporation [] Unincorporated Association other that a [] A Married Couple [] A Trust [] General Partnership [] Joint Vent I declare that all information in this statement is true and false is guilty of a crime.) Registrant Signature If corporation, also print corporate title(s) of of	Partnership [] ture [] Limited correct. (A reg Print of fficer(s). I hereby ce This certificas long as t State of Ca County of	Limited Liability Co Liability Partnership gistrant who declare or Type Name If LLC, also pr retify that this is a treation is true as lor the document is sea	mpany [] Lim [] State or Loc es as true inform. int registrant(s) title ue copy of the or ug as there are no led with a red se	St Zip St Zip ited Partner cal Registered ation which e(s).	of business: Court [] Co-partn Domestic Partn he or she kr ment on file	ers tners nows to b

Deputy Clerk/Recorder