

**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

Residence Address (if Corp. or LLC enter the physical address of Corp./LLC)

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