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| **STATEMENT OF**Of use of fictitious business | **ABANDONMENT**name statement |
| MONO COUNTY CLERK-RECORDER'S FILING STAMP**\* Clerk to enter app. # in section 8A below** |
| A **MAIL FILED DOCUMENTS TO:**NAME:  |
| MAILING |
|  |
| PHONE: ( ) |
|  |
| B. | Once filed, publish four consecutive weeks in either of Mono County's official newspapers:Mammoth Times (760.934.3929) or The Sheet (760.924.0048) |
| **THE FOLLOWING PERSONS HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:** |
| **1** | Fictitious Business Name(s) 3.1. Articles of Incorporation or Organization Number (if applicable)
 |
| 2. | Street Address, City, & State of Principal Place of Business in CA Zip Code |
| **4** | Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) |
| Mailing Address City State Zip Code |
| 4a | Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization) |
| Mailing Address City State Zip Code |
| 4b | Full Name of Registrant (if corporation or limited Liability company- show state of incorporation or organization) |
| Mailing Address City State Zip Code |
| 5 | THIS BUSINESS IS ( ) an individual ( ) joint venture ( ) a limited partnership ( ) an unincorporated assoc.CONDUCTED BY- ( married couple ( ) a corporation ( ) a general partnership other than a partnership**CHECK ONLY ONE ( )** co-partners ( ) a business trust ( ) a limited liability co. ( ) Other: |
| 7 | If Registrant is not a corporation, sign: | 7A If Registrant is a Corp/limited liability, sign: |
| SIGNATURE TYPE OR PRINT NAME | CORP. OR LIMITED LIABILITY CO. NAME |
| SIGNATURE TYPE OR PRINT NAME | SIGNATURE/TITLE |
| 8 | **Filing Fees: Abandonment $7.50. Mail COMPLETED abandonment form, with payment, to: Mono County Clerk's Office, P.O. Box237, Bridgeport, CA 93517 (760) 932-5535. A copy will be provided to you for publishing (see section B for more information).** |
| 8a.The fictitious business name was filed in Mono County on: | **I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.****Shannon Kendall , Acting MONO COUNTY CLERK by** **By:** |
| File # . |
| **( ) Deputy ( ) Assistant** |
|  |

**Y/FICTITIOUS Business/Abandonment Form 2014**