|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. Box 237, 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**