



KERN COUNTY
AUDITOR-CONTROLLER-COUNTY CLERK
MARY B. BEDARD, CPA

AFFIDAVIT OF IDENTITY – AUTHORIZED AGENT FORM

TO BE COMPLETED BY AUTHORIZED AGENT

In accordance with Section 17913 of the CA Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

This certificate must be signed in the presence of a Notary Public (mail/drop-off) OR Deputy County Clerk (in person).

Agent Name (First Name) (Last Name)

Fictitious Business Name:

I, (Print Name), declare that I am the authorized agent filing this Fictitious Business Name on

On behalf of the registrant.

Signed on this (Day) day of (Month) 20

(Authorized Agent Signature)

FOR OFFICE USE ONLY: ***TO BE COMPLETED BY DEPUTY COUNTY CLERK FOR IN-PERSON FILINGS ONLY***
ID #: Exp Date: Deputy Signature:

CERTIFICATE OF ACKNOWLEDGEMENT

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

For Mail-Ins Only

STATE OF CALIFORNIA)
) ss
County of)

On , before me (Insert name and title of officer here) personally appeared

, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE