



**FICTITIOUS BUSINESS NAME AFFIDAVIT OF IDENTITY
AUTHORIZED AGENT FORM**

This form must be completed and signed by the authorized agent in the presence of a Notary Public (mail/drop-off) or Deputy County Clerk (in person) per CA Business and Professions Code section 17913.

Agent Name _____
(First Name) (Last Name)

Fictitious Business Name: _____

I, _____, declare that I am the authorized agent filing this Fictitious Business Name on behalf of the registrant.

Signed on this _____ day of _____ 20____.
(Day) (Month) _____
(Authorized Agent Signature)

Corporations, limited liability companies, or limited liability partnerships, must attach the original Certificate of Status issued by the Secretary of State.

OFFICE USE ONLY: COMPLETED BY DEPUTY COUNTY CLERK FOR IN PERSON FILINGS ONLY

ID# _____ EXP DATE: _____ DEPUTY SIGNATURE _____

CERTIFICATE OF ACKNOWLEDGEMENT (Mail-Ins Only)

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.

STATE OF CALIFORNIA)
) ss
COUNTY OF)

On _____, before me _____ personally appeared
(Insert name and title of officer)
_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed in to the within instrument and acknowledged to me that they executed the same in their authorized capacity and that by their 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.

(Notary Signature)

Witness my hand and official seal
(Notary Seal)