



County Clerk
Elections

1115 TRUXTUN AVE, 1st FLOOR, BAKERSFIELD, CA 93301

Aimee X. Espinoza
AUDITOR-CONTROLLER-COUNTY CLERK



FICTITIOUS BUSINESS NAME ABANDONMENT STATEMENT

FILING FEE: \$18.00 PER DBA

Instructions: Please type or write legibly and complete all applicable sections. Incomplete forms will be returned. Submit one original and two copies. If filing by mail, provide a self-addressed stamped envelope.

1	Business name:							
2	Business street address:				Mailing address: (do not write the word "SAME")			
	City:	State:	Zip:	County:	City:	State:	Zip Code:	
3	Registrant(s) who wish to abandon the business name: (Use a second form to list more registrants.)							
	A	Name:			B	Name:		
		Business Mailing Address:				Business Mailing Address:		
		City:	State:	Zip Code		City:	State:	Zip Code:
	C	Name:			D	Name:		
		Business Mailing Address:				Business Mailing Address:		
		City:	State:	Zip Code:		City:	State:	Zip Code:
	After your statement is processed, it must be published once a week for four successive weeks, (publication to start within 45 days of the affidavit of publication of the statement shall be filed with the County Clerk within 30 days after the completion of the publication.) B&P 47609(a)							
I declare that all information in this Statement is true and correct. (A registrant who declares as true information, which they know to be false, a crime.)								
4	Business was conducted by: (Mark one only)				5	Signature:		
	<input type="radio"/> Individual <input type="radio"/> Corporation					Type or Printed Name		
	<input type="radio"/> General Partnership <input type="radio"/> Trust					State Title (if Corporation or LLC):		
	<input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company					Daytime telephone number:		
	<input type="radio"/> Co-partners <input type="radio"/> Married Couple							
	<input type="radio"/> Unincorporated Association <input type="radio"/> Joint Venture							
6	<input type="radio"/> Domestic Partners <input type="radio"/> Limited Liability Partnership							
	If filing by mail, please provide an address and prepaid envelope to return the documents: Address: City: State: Zip Code:							
*** DO NOT TYPE OR WRITE BELOW THIS LINE *** COUNTY CLERK USE ONLY ***								
Original FBN Statement File Number:				Original FBN Statement Filed on: / /				
This statement of Abandonment filed on: (mm/dd/ccyy) / /				AIMEE X. ESPINOZA, Auditor-Controller-County Clerk By: ()				
DISTRIBUTION:		COUNTY CLERK		NEWSPAPER		REGISTRANT		

