



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: <i>(do not write the word "SAME")</i>		
	City:	State:	Zip:	County:	City:	State:	Zip:
3	Registrant(s) who wish to abandon the business name: (Use a second form to list more registrants.)						
	A	Name:			B	Name:	
	C	Name:			D	Name:	

After your statement is processed, it must be published once a week for four successive weeks, (publication to start within **45 days** of the filing date and an affidavit of publication of the statement shall be filed with the County Clerk within 30 days after the completion of the publication.) B&P 17922(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, is guilty of a crime.)

4	Business was conducted by: (Mark one only)			5	Signature:	
	Individual	Corporation			Typed or Printed Name:	
	General Partnership	Trust			State Title (if Corporation or LLC):	
	Limited Partnership	Limited Liability Company			Daytime telephone number:	
Co-partners			Married Couple			
Unincorporated Association			Joint Venture			
Domestic Partners			Limited Liability Partnership			

5	If filing by mail, please provide an address you would like the processed statement to be returned to:				Daytime Contact Phone Number:
	Address:	City:	State:	Zip:	

***** 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	
DISTRIBUTION:		By: ()	

