Aimee X. Espinoza AUDITOR-CONTROLLER-COUNTY CLERK



County Clerk

 AUDITOR-CONTROLL

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

| FICTITIOUS BUSINESS NAME ADDENDUM | | | | | | | | | |
|---|--|---|---------------------------|------------|----------|--|---------------------|------------------------------|--------------------------|
| 1 - | Ade | Additional Fictitious Business Names | | | | | | | File Number |
| | DB | A # 4: | | | | | | | |
| | DBA # 5: | | | | | | | | |
| | DBA # 6: | | | | | | | | |
| | DBA # 7: | | | | | | | | |
| | DBA # 8: | | | | - | | | | |
| | DB | DBA # 9: | | | | | | | |
| | DB | DBA # 10: | | | | | | | |
| | Registrant(s): Individual or partners: list your full legal name separately, as indicated. Spouses; list separately. Corr | | | | | | | | rps. I I C. or I P: list |
| 2 | name and state of corporation or organization. (Attach add'I FBN Addendum pages as needed). | | | | | | | | |
| | | | | | | | | State of incorp. or | |
| | D | | | | | | | | org.: |
| | _ | Business Mailing Address: | | | City: | | ate: | Zip Code: | |
| | | | | | | | | | |
| | | | | | | | | State of incorp. or org.: | |
| | Е | Business Mailing Address: | | | Citra | | ata i | | |
| | | | | | City: | | ate: | Zip Code: | |
| | | Full name of individual, partner, or name of Corporation, LLC, or LP: S | | | | | State of incorp. or | | |
| | | | | | | | | org.: | |
| | F | Business Mailing Address: | | | City: | | ate: | Zip Code: | |
| | | | | | | | | | |
| | | Full name of ind | ividual, partner, or name | LC, or LP: | , or LP: | | | | |
| | G | | | | | | | org.: | |
| | • | Business Mailing Address: | | | City: | | ate: | Zip Code: | |
| | | | | | | | | | |
| Signature is required on Page 1 and any additional pages | | | | | | | | | |
| BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. | | | | | | | | | |
| A registrant who declares as true information, which he or she knows to be false, is guilty of a crime (B&P Code 17913 | | | | | | | | | |
| I am also aware that all information on this statement becomes Public Record upon filing. Printed Name Signature Date | | | | | | | | Date | |
| 3 | | | | | | | | | |
| Distribution: County Clerk Bank Newspaper Customer Copy DBA #1: | | | | | | | | | |