

ANN K. BARNETT
Kern County Auditor-Controller-County Clerk
1115 Truxtun Ave, Bakersfield, CA 93301
(661) 868-3588



FICTITIOUS BUSINESS NAME STATEMENT

Fictitious Business Name (DBA) (If listing more than two DBAs, attach additional sheets as needed.)								
1	DBA #1							
	DBA #2							
2	Street address of principal place of business				Mailing address of business (Write out, do not enter "same")			
	City	State	Zip	County	City	State	Zip	
3	Registrants							
	A	Last name of individual, partner, or name of Corporation, LLC, or LP					State of Incorporation or organization	
		First name of individual or partner						
		Street address (P.O. Box not acceptable)		City	State	Zip		
	B	Last name of individual, partner, or name of Corporation, LLC, or LP					State of Incorporation or organization	
		First name of individual or partner						
Street address (P.O. Box not acceptable)		City	State	Zip				
4	Choose the option that best describes how the business is being conducted (See instructions for table of one-letter codes.)							
5	Insert the date the business commenced (mm/dd/yyyy) If the business has not started, enter "N/A"							

NOTICE: IN ACCORDANCE WITH SUBDIVISION (A) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (B) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE.)

I declare that all the 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 misdemeanor.)

Signature	
Printed name and if Corp or LLC, state title	
Daytime Telephone Number	Check here if you do not want your number published

DO NOT TYPE OR WRITE BELOW THIS LINE - COUNTY CLERK USE ONLY

Date Statement Filed / /	Date Statement Expires / /	ANN K. BARNETT, Auditor-Controller-County Clerk By: /
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*****PUBLICATION NOTICE*****

Initial/renewal with changes - Must be published once a week for four successive weeks (publication to start within 30 days of the file date) and an affidavit of publication must be filed with the County Clerk within 30 days after publication has been completed.
Renewal - Publication is not required, pursuant to Business and Professions Code Section 17917 (c)

*****BANK CERTIFICATION*****

I hereby certify that the foregoing is a correct copy of the original filed in my office on ____/____/____.

ANN K. BARNETT, Auditor-controller-County Clerk, By: _____, Deputy Clerk.

County Clerk Copy	Bank Copy	Newspaper Copy	Registrant Copy	DBA #1:
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