

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME NEVADA COUNTY CLERK RECORDER

FILING FEE: \$ 24.00

MAIL TO:

NEVADA COUNTY RECORDER
950 MAIDU AVE STE 210
NEVADA CITY CA 95959

ITEMS #1 THROUGH #6 MUST BE LEGIBLE AND FULLY COMPLETED

PLEASE READ INSTRUCTIONS ON PAGE TWO BEFORE COMPLETING

*** THE REGISTRANT(S) LISTED BELOW HAVE ABANDONED THE USE OF THE FOLLOWING FICTITIOUS BUSINESS NAME(S):**

1.	FICTITIOUS BUSINESS NAME(S) TO BE ABANDONED:	
	1.)	3.)
	2.)	4.)

**** STREET ADDRESS OR PRINCIPAL PLACE OF BUSINESS**

2.	STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF PRINCIPAL PLACE OF BUSINESS
	MAILING ADDRESS IF DIFFERENT				

***** REGISTRANT INFORMATION PHYSICAL ADDRESS IS REQUIRED POB MAY BE ADDED FOR MAILING**

3.	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME)				CORP OR LLC SHOW REGISTRATION STATE:		
	REGISTRANTS ADDRESS				CITY	STATE	ZIP CODE
	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME)				CORP OR LLC SHOW REGISTRATION STATE:		
	REGISTRANTS ADDRESS				CITY	STATE	ZIP CODE
FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME)				CORP OR LLC SHOW REGISTRATION STATE:			
REGISTRANTS ADDRESS				CITY	STATE	ZIP CODE	

IF MORE THAN 3 REGISTRANTS ATTACH ADDITIONAL SHEETS SHOWING OWNER INFORMATION.

****** BUSINESS CONDUCTED BY – Check only one box**

4.	<input type="checkbox"/> AN INDIVIDUAL	<input type="checkbox"/> GENERAL PARTNERSHIP
	<input type="checkbox"/> MARRIED COUPLE	<input type="checkbox"/> A LIMITED PARTNERSHIP
	<input type="checkbox"/> A CORPORATION	<input type="checkbox"/> COPARTNERS
	<input type="checkbox"/> A TRUST	<input type="checkbox"/> A LIMITED LIABILITY PARTNERSHIP
	<input type="checkbox"/> A LIMITED LIABILITY COMPANY	<input type="checkbox"/> AN UNINCORPORATED ASSN OTHER THAN PARTNERSHIP
	<input type="checkbox"/> A JOINT VENTURE	<input type="checkbox"/> STATE OR LOCAL REGISTERED DOMESTIC PARTNERS

******* BUSINESS COMMENCEMENT DATE**

5. THE FICTITIOUS BUSINESS NAME WAS FILED IN THE COUNTY OF NEVADA ON (FILE DATE) _____ FILE # _____

<p>6. "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)</p> <p>SIGNATURE: _____</p> <p>NAME: (TYPE OR PRINTED) _____</p>	<p>THIS STATEMENT WAS FILED WITH THE COUNTY CLERK RECORDER OF NEVADA COUNTY ON THE DATE INDICATED BY FILE STAMP ABOVE.</p>
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I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE

GREGORY J. DIAZ BY: _____
NEVADA COUNTY CLERK-RECORDER DEPUTY