	STATEMENT OF Of use of fictitious busines			Т		
Α	MAIL FILED DOCUMENTS TO:	MONO COUNTY CLERK-RECORDER'S FILING STAMP				
NAM	IE.					
INAIV	IC.					
MAIL	LING					
PHONE: ( )		* Clerk to er	nter app. #	in section	8A below	
В.	Once filed, publish four consecutive week Mammoth Times (760.934.3		•		vspapers:	
4	THE FOLLOWING PERSONS HAVE ABANDONE		FICTITIO	JS BUSINES	SS NAME:	
1	Fictitious Business Name(s)  3.  1. Articles of Incorporation or Organization Number (if applicable)				per (if applicable)	
	2.	Articles of incorpor	ation of Orga	mzation ivanic	oci (ii applicabic)	
2.	Street Address, City, & State of Principal Place of Business in CA				Zip Code	
4	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)					
	Mailing Address	City		State	Zip Code	
4a	Full Name of Registrant (if corporation or limited liability company	r- show state of incorpora	ation or organiz	ation)		
	Mailing Address	City		State	Zip Code	
4b	Full Name of Registrant (if corporation or limited Liability company- show state of incorporation or organization)					
	Mailing Address	City		State	Zip Code	
5	THIS BUSINESS IS ( ) an individual ( ) joint ventu CONDUCTED BY- ( married couple ( ) a corporat CHECK ONLY ONE ( ) co-partners ( ) a business	ion ( ) a general	partnership partnership liability co.		orporated assoc. n a partnership	
7	If Registrant is not a corporation, sign:	Registrant is not a corporation, sign:		7A If Registrant is a Corp/limited liability, sign:		
	SIGNATURE TYPE OR PRINT NAME  SIGNATURE TYPE OR PRINT NAME		CORP. OR LIMITED LIABILITY CO. NAME			
			SIGNATURE/TITLE			
8	Filing Fees: Abandonment \$7.50. Mail COMPLETED abandonment form, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5535. A copy will be provided to you for publishing (see section B for more information).					
8a.		I HEREBY CERTIFY TH ORIGINAL STATEME			COPY OF THE	
	he fictitious business name was filed in Mono County on:	LYNDA ROBERTS, MONO COUNTY CLERK				
	,	By: ( ) Deputy ( ) A	ssistant			
File	# .	, ,, ( ),				

FILING OF A FICTITIOUS BUS	SINESS NAME BY MAIL REQUIRES S	IGNATURE ACKNOWLEDGMENT BY A NOTARY PUBLIC			
	CERTIFICATE OF ACKNO	CERTIFICATE OF ACKNOWLEDGEMENT			
STATE OF CALIFORNIA COUNTY OF	} 1 ss }				
nd acknowledged to me that he/shastrument the person, or the entity	satisfactory evidence, to be the per- ne executed the same in his/her au upon behalf of which the person a	personally appeared son whose name is subscribed to the within instrument thorized capacity, and that by his/her signature on the cted, executed the instrument.  Of California that the foregoing paragraph is true and correct.			
Notary's sign	ature	WITNESS my hand and official seal (Notary Seal)			