

TTX Cert#: \_\_\_\_\_

THIS STATEMENT IS A **PUBLIC RECORD**  
(SEE REVERSE SIDE FOR LEGAL REQUIREMENTS AND INSTRUCTIONS)

**FILING STAMP ONLY**

Current: \_\_\_\_\_

ID MAIL

**Office of the County Clerk**  
1 Dr. Carlton B. Goodlett Place, Room 168  
San Francisco, CA 94102-4678  
www.sfgov.org/countyclerk

Any alterations, deletions, or other format to this two-page form will not be accepted for filing by the Office of the SF County Clerk.

ABOVE FOR OFFICE USE ONLY

**FILING FEE:** (See website for methods of payment)

\$58.00 For 1<sup>st</sup> Business Name and 1<sup>st</sup> Registrant

\$14.00 For each additional business name or each additional registrant (owner) on SAME statement

ITEMS #1 THROUGH #6 MUST BE LEGIBLE AND FULLY COMPLETED; SUBMIT FORM IN DUPLICATE

**FICTITIOUS BUSINESS NAME STATEMENT**

1. Fictitious Business Name(s)/Trade Name (DBA): \_\_\_\_\_

2. Street Address, City, State and Zip code of Principal Place of Business (P.O. Box **NOT** allowed) MUST ENTER COUNTY OF FBN ADDRESS:

<b>3.</b> Full name of registrant/owner #1 (If <b>Corporation</b> or <b>Limited Liability Company</b> , also indicate <b>State of incorporation or organization, e.g. (CA), (DE), etc</b> ) _____ Residence Address (P.O. Box <b>NOT</b> allowed) _____ City, State and Zip Code _____	Full name of registrant/owner #2 (If <b>Corporation</b> or <b>Limited Liability Company</b> , also indicate <b>State of incorporation or organization, e.g. (CA), (DE), etc</b> ) _____ Residence Address (P.O. Box <b>NOT</b> allowed) _____ City, State and Zip Code _____
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Full name of registrant/owner #3 (If <b>Corporation</b> or <b>Limited Liability Company</b> , also indicate <b>State of incorporation or organization, e.g. (CA), (DE), etc</b> ) _____ Residence Address (P.O. Box <b>NOT</b> allowed) _____ City, State and Zip Code _____	Full name of registrant/owner #4 (If <b>Corporation</b> or <b>Limited Liability Company</b> , also indicate <b>State of incorporation or organization, e.g. (CA), (DE), etc</b> ) _____ Residence Address (P.O. Box <b>NOT</b> allowed) _____ City, State and Zip Code _____
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4. The business is conducted by:  an individual  a general partnership  a corporation  a limited partnership  an unincorporated association other than a partnership  a trust  co-partners  a married couple  joint venture  a limited liability company  state or local registered domestic partners  a limited liability partnership

5. The registrant commenced to transact business under the fictitious business name or names listed above on: **(enter EXACT date OR if future date, enter "not applicable")**

6. I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

**ORIGINAL/WET SIGNATURE REQUIRED.**

If registrant other than Corp. or LLC, sign below  Signed _____  Printed Name _____	If registrant is a Corporation or Limited Liability Company, sign below  Corporation or LLC Name: _____ Signature _____ Printed Name & Title _____
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This statement was filed with the San Francisco County Clerk on date indicated by the file stamp above.

**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).**

**CERTIFICATION**

I hereby certify that the foregoing is a correct copy of the original on file with the San Francisco County Clerk.

By \_\_\_\_\_, Deputy County Clerk

## NOTICE TO REGISTRANT PURSUANT TO CA BUSINESS & PROFESSIONS CODE 17900 et seq. & SF BUS. & TAX REG. Article 12

1. Search our index (available at our office or online at [www.sfgov.org/countyclerk](http://www.sfgov.org/countyclerk)) for the fictitious business name(s) (FBN) you plan to file. It is your responsibility to check other sources to ensure you are not infringing on other businesses' trademark or common law rights. Other suggested sites are the Secretary of State's Corporate Division at <http://www.ss.ca.gov/business/corp/corporate.htm>, the U.S. Patents and Trademark Office at <http://www.uspto.gov/> or the S.F. Public Main Library.
2. You must register your business with the S.F. Tax Collector located at City Hall, Room 140, (415) 554-4400, [www.sfgov.org/tax](http://www.sfgov.org/tax) prior to submitting FBN statement.
3. **If filing in person, person must present valid legal photo identification (CA B&P Code Sec. 17916, eff. 01/01/2014) or mail completed FBN statement along with the filing fee (stated at top of form), proof of registration with the S.F. Tax Collector and include a self-addressed stamped envelope. *New accounts require receipt issued by the S.F. Tax Collector. Accounts not showing current status on Tax Collector's records require Temporary Verification of Registration (TVR) form issued by the S.F. Tax Collector's Office.***

\*The fictitious business name statement **shall** be filed with the county clerk of the county in which the registrant has his or her **principal place** of business in this state or, if the registrant has no place of business in this state, with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than that where the principal place of business is located, as long as the requirements of this subdivision are also met. (B&P Code Sec. 17915)\*

**FIRST FILING:** Your fictitious business name statement must be published in a newspaper within 30 days after the statement has been filed with the County Clerk. The statement must be published once a week for four consecutive weeks and an original affidavit proof of publication must be filed with the County Clerk within 30 days after publication has been completed. The statement should be published in a newspaper of general circulation in the county where the principal place of business is located. (B&P Code Sec. 17917)

**REFILING/RENEWAL:** If any change has occurred in the facts in your original statement or your last statement has expired for more than 40 days, your new statement is deemed to be a first filing; therefore, it must be published as required above. If no changes have occurred and your last statement has not lapsed for more than 40 days, publication is not required. This determination is entirely the responsibility of the registrant and should be made at the time of refiling to preclude needless expense. *Any person who executes or publishes any fictitious business name statement knowing that such statement is false in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1,000.00) (B&P Code Sec. 17930)*

### INSTRUCTIONS FOR COMPLETION OF STATEMENT - Please type or print

1. Insert the fictitious business name or names. Only those businesses operating at the same address may be listed on one statement. (If more than one name, write a small #1, #2, or #3 to the left of each name to ensure all names are indexed properly).
2. If the registrant has a place of business in this state, insert the street address, and county of his or her principal place of business in this state. If the registrant has no place of business in this state, insert the street address, and county of his or her principal place of business outside this state (P.O. Box not acceptable).
3. Registrant Information:
  - If the registrant is an individual, insert full name of registrant and residential address (P.O. Box not acceptable).
  - If the registrant is a general partnership, co-partnership, joint venture, limited partnership, limited liability partnership, or unincorporated association other than a partnership, insert the full name and residential address of each general partner (P.O. Box not acceptable).
  - If the registrant is a trust, insert full name and residential address of each trustee (P.O. Box not acceptable).
  - If the registrant is a limited liability company, insert the name and address of the limited liability company as set out in its articles of organization on file with the California Secretary of State and the state of organization (P.O. Box not acceptable).
  - If the registrant is a corporation, insert the name and address of the corporation as set out in its articles of incorporation on file with the California Secretary of State and the state of incorporation (P.O. Box not acceptable).
  - If the registrants are state or local registered domestic partners, insert the full name and residential address of each partner (P.O. Box not acceptable).
4. Check box (mark only one) that describes how the business is conducted. Must be consistent with information provided on #3.
5. Enter exact date of when business under the listed fictitious business name(s) commenced. If you will not start using the business name until a future date, write "not applicable". Future dates are NOT allowed.
6. Authorized signers:
  - If the registrant is an individual: signed by the individual. (Left side of section)
  - If the registrant is a partnership, joint venture, limited partnership, limited liability partnership, or other association of other persons: signed by a general partner. (Left side of section)
  - If the registrant is a trust: signed by a trustee. (Left side of section)
  - If the registrant is a limited liability company: signed by a manager or officer. State title. (Right side of section)
  - If the registrant is a corporation: signed by a corporate officer. State title of officer. (Right side of section)
  - If the registrant is a state or local registered domestic partnership: signed by one of the domestic partners. (Left side of section)

A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE IT WAS FILED AS STATED IN B&P Code Sec. 17920(B): Except as provided in B&P Code Sec. 17923, it expires 40 days after any change in the facts set forth in the statement. However, a mere change in the residence address of an individual, general partner or trustee does not cause the statement to expire prior to the end of the five-year term.

**Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement shall file a statement of abandonment of use of fictitious business name. The statement shall be executed in the same manner as a fictitious business name statement and shall be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement. The statement shall be published in the same manner as a fictitious business name statement and an affidavit showing its publication shall be filed with the county clerk after the completion of publication. (B&P Code Sec. 17922)**

THE STATEMENT EXPIRES UPON THE FILING OF A STATEMENT OF ABANDONMENT. THE STATEMENT DOES NOT EXPIRE IF A WITHDRAWING PARTNER FILES AND PUBLISHES A STATEMENT OF WITHDRAWAL AND ALL OTHER FACTS REMAIN AS ORIGINALLY FILED.