

**FICTITIOUS BUSINESS NAME
ADDITIONAL INFORMATION**
(Business & Registrant names)

**ABANDONMENT/WITHDRAWAL
FBN FILE NUMBER:** _____

Place FBN label or FILE STAMP here

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

ADDITIONAL BUSINESS NAME(S)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

ADDITIONAL REGISTRANT NAME(S)

| | |
|--|--|
| <p>Full Name of Registrant – First, Middle and Last</p> _____ <p>Residence Address</p> _____ <p>City State Zip</p> _____ <p>(If corporation or limited liability company, state of incorporation or organization and either AI# or LCC#)</p> _____ | <p>Full Name of Registrant – First, Middle and Last</p> _____ <p>Residence Address</p> _____ <p>City State Zip</p> _____ <p>(If corporation or limited liability company, state of incorporation or organization and either AI# or LCC#)</p> _____ |
| <p>Full Name of Registrant – First, Middle and Last</p> _____ <p>Residence Address</p> _____ <p>City State Zip</p> _____ <p>(If corporation or limited liability company, state of incorporation or organization and either AI# or LCC#)</p> _____ | <p>Full Name of Registrant – First, Middle and Last</p> _____ <p>Residence Address</p> _____ <p>City State Zip</p> _____ <p>(If corporation or limited liability company, state of incorporation or organization and either AI# or LCC#)</p> _____ |
| <p>Full Name of Registrant – First, Middle and Last</p> _____ <p>Residence Address</p> _____ <p>City State Zip</p> _____ <p>(If corporation or limited liability company, state of incorporation or organization and either AI# or LCC#)</p> _____ | <p>Full Name of Registrant – First, Middle and Last</p> _____ <p>Residence Address</p> _____ <p>City State Zip</p> _____ <p>(If corporation or limited liability company, state of incorporation or organization and either AI# or LCC#)</p> _____ |

**I HEREBY CERTIFY THAT THIS IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE
IN MY OFFICE.**

By _____, Deputy

LARRY W. WARD
Assessor, County Clerk, Recorder
County of Riverside