

RETURN ADDRESS

Name:
 Street:
 City:
 State & Zip:

 Telephone #:

 Published in:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

THE FOLLOWING PERSON(S) HAS/HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

1	Fictitious Business Name(s)			
	A:		C:	
	B:		D:	
2	Street Address & City of Principal Place of Business in California – (P.O Box alone not acceptable)			
3	The Fictitious business Name referred to above Was filed on:	in the County of:	Original File #	
4	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Business Mailing Address	City	State	ZIP Code
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Business Mailing Address	City	State	ZIP Code
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Business Mailing Address	City	State	ZIP Code
	Full Name of Registrant (If Corporation of Limited Liability Company – Incorporated or Organized in which state)			
	Business Mailing Address	City	State	ZIP Code
5	This Business is conducted by: () An Individual () Joint Venture () A Limited Partnership () A Limited Liability Partnership () A Married Couple () A Corporation () A General Partnership () An Unincorporated Association other than a Partnership (Check One Only) () Co-Partners () A Business Trust () Limited Liability Company () State or Local Registered Domestic Partner			
6	If Registrant is not a corporation sign below:		7	If Registrant is a corporation or limited liability company sign below:
	_____ SIGNATURE	_____ TYPE OR PRINT NAME		_____ CORPORATION OR COMPANY NAME
	_____ SIGNATURE	_____ TYPE OR PRINT NAME		_____ SIGNATURE & TITLE
	_____ SIGNATURE	_____ TYPE OR PRINT NAME		_____ TYPE OR PRINT NAME
This statement was filed with the County Clerk of GLENN County on the date indicated by file stamp above.				