

FICTITIOUS BUSINESS NAME: ADDITIONAL INFORMATION FORM

Please TYPE or PRINT legibly in DARK ink only and use additional sheets as needed. Page _____ of _____

Additional Business Names	County of Principal Place of Business	Enter Start Date or N/A if not yet started

ADDITIONAL REGISTRANTS

*If a Corp, LLC, etc., enter complete name, state of incorporation/organization/registration and registration number

Name of Individual Registrant (First Name)	(Middle Initial only)	(Last Name)	
Name of corporation or limited liability company as set out in the Articles of Inc/Org/Reg		State of Inc/Org/Reg	Inc/Org/Reg No.(optional)
Business Mailing Address		City	State Zip Code
Name of Individual Registrant (First Name)	(Middle Initial only)	(Last Name)	
Name of corporation or limited liability company as set out in the Articles of Inc/Org/Reg		State of Inc/Org/Reg	Inc/Org/Reg No.(optional)
Business Mailing Address		City	State Zip Code
Name of Individual Registrant (First Name)	(Middle Initial only)	(Last Name)	
Name of corporation or limited liability company as set out in the Articles of Inc/Org/Reg		State of Inc/Org/Reg	Inc/Org/Reg No. (optional)
Business Mailing Address		City	State Zip Code
Name of Individual Registrant (First Name)	(Middle Initial only)	(Last Name)	
Name of corporation or limited liability company as set out in the Articles of Inc/Org/Reg		State of Inc/Org/Reg	Inc/Org/Reg No.(optional)
Business Mailing Address		City	State Zip Code

Signature is required on Page 1 and any additional pages

BY SIGNING BELOW, I DELARE 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 (B&P Code 17913).
 I am also aware that all information on this statement becomes Public Record upon filing.

Printed Name	Signature	Date
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