

<b>Mailing Address</b> <b>Name:</b>  <b>Address:</b>  <b>City:</b>  <b>Tel. #:</b>	<b>COUNTY CLERK FILING STAMP</b>
<b>1</b>	Publish in: INYO Register

**STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME**

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

<b>2</b>	Fictitious Business Name(s) 1. _____ 3. 2. _____	Articles of Incorporation or Organization Number (if applicable)
----------	--	--

<b>3</b>	Street Address & City of Principal Place of Business in California (P.O. Box alone is not acceptable)	COUNTY	Zip Code
----------	---	--------	----------

<b>4</b>	The fictitious business name referred to above was filed on:	in the County of:	Original File #
----------	--	-------------------	-----------------

<b>5</b>	Full name of Registrant	(If corporation - incorporated in what state)
	Residence Street Address	City State Zip Code
	Full name of Registrant	(If corporation - incorporated in what state)
	Residence Street Address	City State Zip Code
	Full name of Registrant	(If corporation - incorporated in what state)
	Residence Street Address	City State Zip Code

<b>6</b>	This Business is conducted by: <input type="checkbox"/> an individual <input type="checkbox"/> a general partnership <input type="checkbox"/> joint venture <input type="checkbox"/> a trust <input type="checkbox"/> co-partners <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a limited partnership         (check one only) <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> a limited liability company <input type="checkbox"/> state or local registered domestic partners <input type="checkbox"/> a limited liability partnership
----------	---

<b>7</b>	If registrant is not a corporation or limited liability, sign below:						
	<table style="width: 100%;"> <tr> <td style="width: 50%;">SIGNATURE _____</td> <td style="width: 50%;">TYPE OR PRINT NAME _____</td> </tr> <tr> <td>SIGNATURE _____</td> <td>TYPE OR PRINT NAME _____</td> </tr> <tr> <td>SIGNATURE _____</td> <td>TYPE OR PRINT NAME _____</td> </tr> </table>	SIGNATURE _____	TYPE OR PRINT NAME _____	SIGNATURE _____	TYPE OR PRINT NAME _____	SIGNATURE _____	TYPE OR PRINT NAME _____
SIGNATURE _____	TYPE OR PRINT NAME _____						
SIGNATURE _____	TYPE OR PRINT NAME _____						
SIGNATURE _____	TYPE OR PRINT NAME _____						

<b>8</b>	If registrant is a corporation or limited liability co.:
	CORPORATION or LIMITED LIABILITY CO _____ SIGNATURE AND TITLE _____ TYPE OR PRINT OFFICERS NAME AND TITLE _____

This statement was filed with the County Clerk of INYO County on date indicated by filed stamp in the upper right corner.

INYO COUNTY CLERK P. O. DRAWER F INDEPENDENCE, CA 93526 PHONE 760-878-0224  FILING FEE: \$5.00	I HEREBY CERTIFY THAT THE FOREGOING IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE  KAMMI FOOTE, COUNTY CLERK  BY _____ DEPUTY
---	--