

YOUR RETURN MAILING ADDRESS

NAME: **BETTY JOHNSON**

ADDRESS: **54321 MAIN STREET**

CITY: **LOS ANGELES**

STATE: **CA**

ZIP CODE: **91212**

DEAN C. LOGAN, REGISTRAR-RECORDER/COUNTY CLERK

FICTITIOUS BUSINESS NAME STATEMENT

The following person(s) is (are) doing business as:

1. ACCOUNTING FOR YOU

Fictitious Business Name(s)

2. _____

415 ACORN AVE.

Street address of principal place of business

NORWALK

CA

90650

LOS ANGELES

City

State

Zip

COUNTY

Articles of Incorporation or Organization Number (if applicable): AI #ON _____

REGISTERED OWNER(S):

1. LARRY SMITH

Full Name/Corp/LLC (if Corp/LLC must be registered in CA)

415 ACORN AVE.

Business Mailing Address (if Corp. or LLC enter the physical address of the Corp./LLC)

NORWALK

CA

90650

Business Mailing City

Business Mailing State

Business Mailing Zip

If Corporation or LLC – Print State of Incorporation/Organization

BETTY JOHNSON

Full Name/Corp/LLC

415 ACORN AVE.

Business Mailing Address (if Corp. or LLC enter the physical address of the Corp./LLC)

NORWALK

CA

90650

Business Mailing City

Business Mailing State

Business Mailing Zip

If Corporation or LLC – Print State of Incorporation/Organization

IF MORE THAN TWO REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
- a General Partnership
- a Limited Partnership
- a Limited Liability Company
- an Unincorporated Association other than a Partnership
- a Corporation
- a Trust
- Copartners
- a Married Couple
- Joint Venture
- State or Local Registered Domestic Partners
- a Limited Liability Partnership

The date registrant commenced to transact business under the fictitious business name or names listed above on N/A
(Insert N/A above if you haven't started to transact business)

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)).

REGISTRANT/CORP/LLC NAME (PRINT) BETTY JOHNSON

TITLE GENERAL PARTNER

REGISTRANT SIGNATURE *Betty Johnson*

IF CORP OR LLC, PRINT NAME _____

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

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

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. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

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)

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

BY: _____, Deputy

P.O. BOX 1208, NORWALK, CA 90651-1208

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK