NAME: STEVEN JONES ADDRESS: 2222 IMPERIAL DRIVE CITY: MONTEBELLO STATE: CA ZIP CODE:90640

COR

DEAN C. LOGAN, REGISTRAR-RECORDER/COUNTY CLERK

FICTITIOUS	BUSINESS	NAME	STATEMENT

D,

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

The following person	i(s) is (are) doing	j busiliess as.	
1.JONES PARTY RENTALS 2.	5		
Fictitious Business Name(s) 2222 IMPERIAL DRIVE	\leq		
Street address of principal place of business			
MONTEBELLO	CA	90640	LOS ANGELES
City	State	Zip	COUNTY
Articles of Incorporation or Organization Number (if applicable): AI #ON			
REGISTERED OWNER(S):			
1. CHRISTINE JONES	STEVEN	JONES	
Full Name/Corp/LLC (if Corp/LLC must be registered in CA)	Full Name/Corp/L		
2222 IMPERIAL DRIVE		ERIAL DRIVE	
Business Mailing Address (if Corp. or LLC enter the physical address of the Corp./LLC) MONTEBELLO CA 90640	MONTEE		ne physical address of the Corp./LLC) 90640
Business Mailing City Business Mailing State Business Mailing Zip	Business Mailing (1 1 1 1 1 1 1 1	ess Mailing State Business Mailing Zip
If Corporation or LLC – Print State of Incorporation/Organization	on/Organization		
The date registrant commenced to transact business under the fictitious busin I declare that all information (A registrant who declares as true any material matter pur the registrant knows to be false is guilty of a misdemeano	in this statemer suant to Section punishable by a	s listed above on <u>N/A</u> (Insert N/A above i nt is true and correc 17913 of the Busin a fine not to exceed	f you haven't started to transact business of. ness and Professions Code to
REGISTRANT/CORP/LLC NAME (PRINT)	GE		
REGISTRANT SIGNATURE	RP OR LLC, PRINT	NAME	
If corporation, also print corporate title of officer. If LLC, also print title of This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the fil	of officer or manag	er. ght corner.	
NOTICE – IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NA WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED II IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER T FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. E ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.	N SUBDIVISION (b) OF HAN A CHANGE IN TH	SECTION 17920, WHERE I E RESIDENCE ADDRESS (T EXPIRES 40 DAYS AFTER ANY CHAN OF A REGISTERED OWNER. A NEW
THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS S UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS /			ATION OF THE RIGHTS OF ANOTHER
I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF T	HE ORIGINAL STA	TEMENT ON FILE IN N	IY OFFICE.

BY: ____

_____, Deputy

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

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK