

YOUR RETURN MAILING ADDRESS NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	LOS ANGELES REGISTRAR-RECORDER/ COUNTY CLERK
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**STATEMENT OF ABANDONMENT
OF USE OF FICTITIOUS BUSINESS NAME - FILING FEE \$23.00**

FILE NO: _____ DATE FILED: _____

Name of Business(es) _____

Street Address, City, State, Zip Code _____

REGISTERED OWNER(S):

1. _____
 Full Name/Corp/LLC

 Residence Address

 City State Zip

 If Corporation or LLC - Print State of Incorporation/Organization

2. _____
 Full Name/Corp/LLC

 Residence Address

 City State Zip

 If Corporation or LLC - Print State of Incorporation/Organization

3. _____
 Full Name/Corp/LLC

 Residence Address

 City State Zip

 If Corporation or LLC - Print State of Incorporation/Organization

4. _____
 Full Name/Corp/LLC

 Residence Address

 City State Zip

 If Corporation or LLC - Print State of Incorporation/Organization

Business was conducted by: (Check one of the following)

- an individual
 a General Partnership
 a Limited Partnership
 a Limited Liability Company
 an Unincorporated Association other than a Partnership
 a Corporation
 a Trust
 Copartners
 Husband and Wife
 Joint Venture
 State or Local Registered Domestic Partners
 a Limited Liability Partnership

I declare 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.)

REGISTRANTS/CORP/LLC NAME (PRINT) _____ TITLE: _____

REGISTRANT SIGNATURE _____

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 County on the date indicated by the filed stamp in the upper right corner.

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

DEAN LOGAN, LOS ANGELES COUNTY CLERK BY: _____ Deputy

Rev. 01/01/08