



Humboldt County

County Clerk / Recorder
 825 5th Street, 5th Floor
 Eureka, CA 95501
 888-486-2732

www.co.humboldt.ca.us/recorder

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
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

ADDITIONAL REGISTRANTS

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

(3) Name of Individual Registrant (First name)	(Middle initial <u>only</u>)	(Last name)		
(3) 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.	
(3) Business Address		City	State	Zip Code
(4) Name of Individual Registrant (First name)	(Middle initial <u>only</u>)	(Last name)		
(4) 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.	
(4) Business Address		City	State	Zip Code
(5) Name of Individual Registrant (First name)	(Middle initial <u>only</u>)	(Last name)		
(5) 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.	
(5) Business Address		City	State	Zip Code
(6) Name of Individual Registrant (First name)	(Middle initial <u>only</u>)	(Last name)		
(6) 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.	
(6) Business Address		City	State	Zip Code

Signature is required on Page 1 and any additional pages

BY SIGNING BELOW, 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 (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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