



San Bernardino County Recorder/Clerk

Larry Walker, Auditor/Controller-Recorder
 222 W. Hospitality Lane, 1st Floor, San Bernardino CA 92415-0022
 Public Service Counter Hours: 8:00 a.m. to 4:00 p.m., Monday-Friday
 (909) 386-8970 or 386-8969

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) Residence Street Address (Mailing address is NOT acceptable)		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) Residence Street Address (Mailing address is NOT acceptable)		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.
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(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) Residence Street Address (Mailing address is NOT acceptable)		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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