

YOUR RETURN MAILING ADDRESS

NAME:  
ADDRESS:  
CITY: STATE: ZIP CODE:

### FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
- New Filings- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
- Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
- \$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER**

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

\* 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Print Fictitious Business Name(s)

\*\* \_\_\_\_\_  
 Street address of principal place of business | Mailing address if different

\_\_\_\_\_  
 City State Zip COUNTY City State Zip

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

#### \*\*\* REGISTERED OWNER(S):

<p>1. _____        Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>_____        Residence Address</p> <p>_____        City State Zip</p> <p>_____        If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>2. _____        Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>_____        Residence Address</p> <p>_____        City State Zip</p> <p>_____        If Corporation or LLC - Print State of Incorporation/Organization</p>
<p>3. _____        Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>_____        Residence Address</p> <p>_____        City State Zip</p> <p>_____        If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>4. _____        Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>_____        Residence Address</p> <p>_____        City State Zip</p> <p>_____        If Corporation or LLC - Print State of Incorporation/Organization</p>

IF MORE THAN FOUR 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
- Husband and Wife
- Joint Venture
- State or Local Registered Domestic Partners
- a Limited Liability Partnership

\*\*\*\*\* The registrant commenced to transact business under the fictitious business name or names listed above on \_\_\_\_\_  
(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 information which he or she knows to be false is guilty of a crime.)

REGISTRANT/CORP/LLC NAME (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

REGISTRANT SIGNATURE \_\_\_\_\_ 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.

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.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: \_\_\_\_\_, Deputy



[www.mailboxandpostal.com](http://www.mailboxandpostal.com)

80 W. Sierra Madre Blvd., Sierra Madre, CA 91024  
Phone (626) 836-6675 Fax (626) 836-6688

## **DBA Filing Instructions & Application**

Congratulations on starting your own new business! We shall file and publish your Fictitious Business Name (DBA) statement in Los Angeles County. Simply fill out the form in **black ink only** (or type) with no cross-outs or white-outs. Enclose the appropriate payment (by check or complete the credit card form) payable to Mail Box & Postal and mail to:

Mail Box & Postal  
80 W. Sierra Madre Blvd.  
Sierra Madre, CA 91024

- Full Service Cost is \$109. We shall file your DBA with the LA County Clerk/Recorder Office, immediately send you a County-stamped original form, publish your notice the required four (4) weeks in a weekly newspaper, and send you a filed Proof of Publication with the County Clerk as required by law.
- Please note that the service cost of \$109 is for one (1) business name and up to one (1) registrant. For each additional business name or owner/partner over one (1), please add \$15.

**If filing a Corporation Filing, include a copy of your Article of Incorporation's first page with Filing Stamp and second page of the document.**

**Price is subject to change without prior notice.**

**MAIL THE ORIGINAL TO THE ADDRESS OF STORE**

For assistance or questions, please call any of our centers or Email:  
[info@mailboxandpostal.com](mailto:info@mailboxandpostal.com)



www.mailboxandpostal.com

80 W. Sierra Madre Blvd., Sierra Madre, CA 91024  
Phone (626) 836-6675 Fax (626) 836-6688

### Credit Card Application

The easiest method of conducting transaction is by credit card. We shall accept your credit card payment for services and products. The credit card companies request that we have your written authorization before allowing us to bill your account. After you fill out this form and fax or mail it to Mail Box & Postal, you can acknowledge credit card usage on file, while requesting service or purchasing products.

Credit Card #: \_\_\_\_\_

V code # \_\_\_\_\_ (last 3 or 4 digits located on the back of card)

AMEX security code \_\_\_\_\_ (4 digits on the right above card numbers)

Type of Card (circle one): MasterCard      Visa      America Express

Expiration Date: \_\_\_\_\_ Zip Code of Billing Address: \_\_\_\_\_

C. Card Billing Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Print Name on the Card: \_\_\_\_\_

I/We authorize Mail Box & Postal to charge my/our credit card account based on the information provided above for payment of products and/or services.

Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX THIS FORM AND MAIL THE ORIGINAL TO THE ADDRESS OF STORE**

For assistance or questions, please call or Email: [info@mailboxandpostal.com](mailto:info@mailboxandpostal.com)