

1600 PACIFIC HIGHWAY, SUITE 260, SAN DIEGO, CA 92101  
P.O. BOX 121750, SAN DIEGO, CA 92112-1750  
(619) 237-0502



**Ernest J. Dronenburg, Jr.**  
**County of San Diego**  
**Recorder/County Clerk**  
[www.sdarcc.com](http://www.sdarcc.com)

THIS SPACE FOR USE OF RECORDER/COUNTY CLERK

## AFFIDAVIT OF IDENTITY-FICTITIOUS BUSINESS NAME STATEMENT

In accordance with Section 17913 of the California Business and Professions Code, the following information is required to file a Fictitious Business Name Statement.

### (1) REGISTRANT FILING INFORMATION:

Name of Business \_\_\_\_\_

Registrant Name \_\_\_\_\_  
Print Full Complete Name (e.g. First, Middle, last or Corp./LLC)

Registrant Address \_\_\_\_\_  
Residence Address, if Corp. or LLC enter physical address (No P.O. Box or Postal Mailbox Facilities)

City

State

Zip Code

I, \_\_\_\_\_  
(Print Name) certify under penalty of perjury under the laws of the State of California that I am the registrant / authorized signer who has signed this Fictitious Business Name Statement and I am authorized to submit said statement to the County Clerk's Office for filing. I understand that if I willfully make a false statement on this affidavit, I may be guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000.00).

I declare that all information in this statement is true and correct.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
(Registrant Signature)

**For Office Use ONLY:**

**Registrant ID:**  Driver's License  Identification Card  Passport  Other \_\_\_\_\_

**(2) BY MAIL**

A copy of a valid, government issued identification may be submitted with your Fictitious Business Name Statement in lieu of completing this section in front of a Notary Public.

**TO BE COMPLETED BY NOTARY PUBLIC**

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

State of California )  
 ) ss.  
County of )

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, proved to me on the basis of satisfactory evidence  
(Name of person appearing)

to be the person(s) who appeared before me, \_\_\_\_\_.  
(Signature of Notary Public)

(Notary Seal)

**(3) THIRD PARTY FILING**

I, \_\_\_\_\_ declare under penalty of perjury under the laws of the State of California that I am  
(Print Name of Registrant)  
the registrant / authorized signer who has signed this Fictitious Business Name Statement and I am authorized to submit said statement to the County Clerk’s Office for filing.

I am authorizing \_\_\_\_\_ as my Authorized Agent to submit this Fictitious Business Name  
(Print Name of Agent)  
Statement on my behalf.

I understand that if I willfully make a false statement on this affidavit, I may be guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000.00).

I declare that all information in this statement is true and correct.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ \_\_\_\_\_  
(Registrant Signature)

**(4) TO BE COMPLETED BY THE AUTHORIZED AGENT**

Agent Name \_\_\_\_\_  
(First Name) (Last Name)

Name of Business \_\_\_\_\_

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that I am the authorized agent filing this Fictitious Business Name on behalf of the registrant.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ \_\_\_\_\_  
(Authorized Agent Signature)

**For Office Use ONLY:**  
**Agent ID:**  Driver’s License  Identification Card  Passport  Other \_\_\_\_\_