



**San Bernardino County  
Recorder - Clerk**

222 W. Hospitality Lane, 1<sup>st</sup> Floor  
San Bernardino CA 92415-0022  
(855) REC-CLRK

[www.sbcountyarc.org](http://www.sbcountyarc.org)

**FICTITIOUS BUSINESS NAME: ADDITIONAL INFORMATION FORM**

BUSINESS OWNER IS RESPONSIBLE TO DETERMINE IF PUBLICATION IS REQUIRED (BPC 17917). FILING IS A PUBLIC RECORD (GC 6250-6277).

Please TYPE or PRINT legibly in **DARK** ink only and use additional sheets as needed.

	Additional Business Names (as shown in the Articles of Inc./Org./Reg.)	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 <b>Individual</b> Registrant (First name)	(Middle initial <u>only</u> )	(Last name)	
(3) Name of <b>corporation or limited liability company</b> as shown 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 <b>Individual</b> Registrant (First name)	(Middle initial <u>only</u> )	(Last name)	
(4) Name of <b>corporation or limited liability company</b> as shown 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 <b>Individual</b> Registrant (First name)	(Middle initial <u>only</u> )	(Last name)	
(5) Name of <b>corporation or limited liability company</b> as shown in the Articles of Inc./Org./Reg		State of Inc./Org./Reg.	Inc./Org./Reg. No.
(5) Residence Street Address (Mailing address is NOT acceptable)		City	State      Zip Code
(6) Name of <b>Individual</b> Registrant (First name)	(Middle initial <u>only</u> )	(Last name)	
(6) Name of <b>corporation or limited liability company</b> as shown 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 any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).**

Printed Name	Title (if applicable)	Signature	Date
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