

YOUR RETURN MAILING ADDRESS

NAME: MONTEREY HILLS FOUNDATION

ADDRESS: 616 CABRILLO VILLAS

CITY: LOS ANGELES

STATE: CA ZIP CODE: 90042

654786



*****DOCUMENT NOT FILED*****
Sign and return to the RR/CC
Dean C. Logan, Registrar-Recorder/County Clerk

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

<input checked="" type="checkbox"/>	Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
<input type="checkbox"/>	Amended (New) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
<input type="checkbox"/>	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. COMMUNITY DISASTER PREPAREDNESS FOUNDATION	2. _____
** 616 CABRILLO VILLAS	Print Fictitious Business Name(s) 616 CABRILLO VILLAS
Street address of principal place of business	Mailing address if different
Los Angeles CA 90042 LA COUNTY	Los Angeles CA 90042
City State /Country Zip COUNTY	City State /Country Zip
Articles of Incorporation or Organization Number (if applicable): AI #ON 3903114	

***REGISTERED OWNER(S):

<p>1. <u>MONTEREY HILLS FOUNDATION</u></p> <p>Full Name/Corp/LLC (P.O. Box not accepted)</p> <p><u>616 CABRILLO VILLAS</u></p> <p>Residence Address</p> <p><u>LOS ANGELES CA 90042</u></p> <p>City State/Country Zip</p> <p><u>CA</u></p> <p>If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>2. _____</p> <p>Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>Residence Address</p> <p>City State/Country Zip</p> <p>If Corporation or LLC - Print State of Incorporation/Organization</p>
<p>3. _____</p> <p>Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>Residence Address</p> <p>City State/Country Zip</p> <p>If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>4. _____</p> <p>Full Name/Corp/LLC (P.O. Box not accepted)</p> <p>Residence Address</p> <p>City State/Country 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
 a Married Couple
 Joint Venture
 State or Local Registered Domestic Partners
 a Limited Liability Partnership

*****The date registrant started to transact business under the fictitious business name or names listed above: N/A

(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 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).)

REGISTRANT(S)/CORP/LLCNAME (PRINT) MONTEREY HILLS FOUNDATION TITLE President

REGISTRANT SIGNATURE _____ IF CORP OR LLC, PRINT NAME PATRICK BOTZ-FORBES

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. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

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



Los Angeles County Registrar-Recorder/County Clerk

DEAN C. LOGAN
Registrar-Recorder/County Clerk

AFFIDAVIT OF IDENTITY – FICTITIOUS BUSINESS NAME STATEMENT

If submitting the Fictitious Business Name Statement by MAIL or through a THIRD PARTY, the registered owner MUST bring this page to a notary to be NOTARIZED. In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required to file a Fictitious Business Name Statement.

Registrant Name MONTEREY HILLS FOUNDATION

Name of Business COMMUNITY DISASTER PREPAREDNESS FOUNDATION

Registrant Address 616 CABRILLO VILLAS
Street Address
LOS ANGELES CA 90042
City State/Country Zip Code

Registrant Signature

If the registrant is a corporation, a limited liability company, a limited partnership, or a limited liability partnership, the county clerk will require evidence issued by the Secretary of State indicating the current existence and good standing of that business entity.

For Mail or Third Party Requests Only

This certificate must be notarized by a Notary Public for all Mail and Third Party Submissions

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)
County of) ss

Subscribed and sworn to (or affirmed) before me on this ___ day of ___, 20___, by
___, proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

Signature (Seal)

FOR OFFICE USE ONLY: ***To be completed by Deputy County Clerk for in-person filings only***

ID #: ___ Exp. Date: ___ Deputy Signature: ___