**FICTITIOUS BUSINESS NAME STATEMENT**

FILING FEE:
- $30.00 for first business name on statement
- $5.00 for each additional business name filed on same statement and doing business at the same location
- $5.00 for each additional owner in excess of one owner

PUBLISH IN NEWSPAPER: MARIPOSA GAZETTE

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

* Building Blocks Preschool and Family Resource Center - Lake Don Pedro

** Print Fictitious Business Name(s)**

<table>
<thead>
<tr>
<th><strong>2421 Hidalgo Rd.</strong></th>
<th><strong>P.O. Box 966</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LaGrange, CA 95329</strong></td>
<td><strong>Mariposa, CA 95338</strong></td>
</tr>
</tbody>
</table>

**City** | **State** | **Zip** | **City** | **State** | **Zip**
---|---|---|---|---|---
LaGrange | CA | 95329 | Mariposa | CA | 95338

*** REGISTERED OWNER(S):***

1. **First 5 Mariposa County**
   - **Full Name:**
   - **Residence Address:**
     - **City:** Mariposa
     - **State:** CA
     - **Zip:** 95338

2. **Full Name**
   - **Residence Address:**
     - **City:**
     - **State:**
     - **Zip:**

3. **Full Name**
   - **Residence Address:**
     - **City:**
     - **State:**
     - **Zip:**

4. **Full Name**
   - **Residence Address:**
     - **City:**
     - **State:**
     - **Zip:**

**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

(Inset 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.)

SIGNATURE OF REGISTRANT: [Signature]

Print name of person signing. 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 MARIPOSA COUNTY 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.

____________________________, Deputy

COUNTY CLERK

BY: ___________________________
** Building Blocks Preschool and Family Resource Center -Greeley Hill**

<table>
<thead>
<tr>
<th>Print Fictitious Business Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10333 Fiske Rd.</strong></td>
</tr>
<tr>
<td><strong>P.O. Box 966</strong></td>
</tr>
<tr>
<td>Coulterville, CA 95311</td>
</tr>
<tr>
<td>Mariposa, CA 95338</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
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   - City
   - State
   - Zip

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   - City
   - State
   - Zip

3. **Full Name**
   - Residence Address
   - City
   - State
   - Zip

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   - Residence Address
   - City
   - State
   - Zip

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**I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.**

**COUNTY CLERK**

**BY:**

Deputy