



**Courtney Progner Morrow**  
**Treasurer – Tax Collector and**  
**County Clerk**

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Treasurer (209) 966-2830 - Tax Collector (209) 966-2621 - County Clerk / Registrar of Voters (209) 966-2007 - Fax (209) 966-6496

**AGENT AUTHORIZATION FORM – FICTITIOUS BUSINESS NAME STATEMENT**

In accordance with Section 17913 of the California Business and Professions Code, the following identifying information is required for the filing of a Fictitious Business Name Statement by a party other than the registrant in Mariposa County.

**This certificate must be signed in the presence of a Deputy County Clerk**

Registrant Name \_\_\_\_\_

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

I, \_\_\_\_\_, declare that I am the authorized agent filing this Fictitious Business Name Statement in behalf of the registrant.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Day) (Month)

\_\_\_\_\_  
(Authorized Agent Signature)