

YOUR RETURN MAILING ADDRESS

NAME: LONG CORPORATION

ADDRESS: 246 OAK ST.

CITY: ANYWHERE

STATE: CA ZIP CODE: 12345

### FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)  
 Amended (New) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)  
 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. SMOOTH SAILING RENTALS  
 \*\* 133 MAIN ST. P.O. BOX 100  
 ANYWHERE CA 12345 ANY COUNTY ANYWHERE CA 12345  
City State /Country Zip COUNTY City State /Country Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON

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

<p>1. LONG CORPORATION        Full Name/Corp/LLC (P.O. Box not accepted)        246 OAK ST.        Residence Address        ANYWHERE CA 12345        City State/Country Zip        CA        If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>2. BEACH LLC        Full Name/Corp/LLC (P.O. Box not accepted)        110 CORPORATE BLVD.        Residence Address        ANYWHERE CA 12345        City State/Country Zip        CA        If Corporation or LLC - Print State of Incorporation/Organization</p>
<p>3. _____        Full Name/Corp/LLC (P.O. Box not accepted)        Residence Address        _____        City State/Country Zip        _____        If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>4. _____        Full Name/Corp/LLC (P.O. Box not accepted)        Residence Address        _____        City State/Country Zip        _____        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: 03/2009  
(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) LONG CORPORATION TITLE General Partner

REGISTRANT SIGNATURE *Carl Jones* IF CORP OR LLC, PRINT NAME CARL JONES, VICE PRESIDENT

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