

**THIS STATEMENT IS A PUBLIC RECORD**

**FICTITIOUS BUSINESS NAME STATEMENT**

COUNTY OF TEHAMA - OFFICE OF THE COUNTY CLERK  
633 WASHINGTON ST., RM 11  
P.O BOX 250  
RED BLUFF, CA 96080  
(530) 527-3350

**FILING FEE:**

**\$31.00** for one business name, includes one registrant/owner name.  
**\$5.00** for each additional registrant/owner or additional business name.

SEE REVERSE SIDE FOR INSTRUCTIONS.

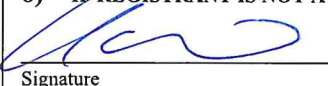
**1) This filing is a:**

- ☒ First filing (Publication Required)  
☐ Refile of previous file # \_\_\_\_\_ (check appropriate box(es) below)  
☐ Refiled prior to expiration or within 40 days past expiration, with NO CHANGES  
☐ With Changes (Publication Required)  
☐ After 40 days of expiration date (Publication Required)  
☐ Due to publication requirement not met on previous filing (Publication Required)

☐ Mailed ☐ ID Verified

NOTICE: *This statement expires five years from the date it was filed in the office of the County Clerk.* A new FBN statement must be filed *no more than 40 days* from expiration. This filing does not of itself authorize the use of this name in violation of the rights of another under federal, state or common law. (B & P Code 14411 et seq.)

**THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:**

<b>2) Fictitious Business Name(s)</b>		<b>Phone Number:</b>	
A: L4 School of Christian Leadership      B: _____		(530) 864-7975	
<b>3) Street Address of Principal Place of Business (P.O. Box not acceptable)</b>		<b>City</b>	<b>State:</b>
326 Brearcliffe Drive		Red Bluff	CA
Business Mailing Address if different from above			96080
<b>Name of Registrant (Person, Corporation or LLC name)</b>		<b>Corp or LLC show Registration State</b>	
<b>4) Last: Officer</b>		<b>First: Christopher M</b>	
Residence Address and P.O. Box		<b>City:</b>	<b>State:</b>
326 Brearcliffe Drive		Red Bluff	CA
Business Mailing Address if different from above		<b>Articles of Incorporation #:</b>	<b>Zip Code:</b>
			96080
<b>Name of Registrant (Person, Corporation or LLC name)</b>		<b>Corp or LLC show Registration State</b>	
<b>5) Last:</b>		<b>First:</b>	
Residence Address and P.O. Box		<b>City:</b>	<b>State:</b>
Business Mailing Address if different from above		<b>Articles of Incorporation #:</b>	<b>State:</b>
<b>6) The registrant commenced to transact business under the fictitious business name or names listed above on (Date):</b> _____			
<input checked="" type="checkbox"/> not applicable			
<b>7) CHECK ONLY ONE</b>			
<b>This business is conducted by:</b>			
<input checked="" type="checkbox"/> an individual	<input type="checkbox"/> joint venture	<input type="checkbox"/> a limited partnership*	<input type="checkbox"/> an unincorporated association other than a partnership
<input type="checkbox"/> married couple	<input type="checkbox"/> a corporation*	<input type="checkbox"/> a general partnership	<input type="checkbox"/> limited liability partnership*
<input type="checkbox"/> co-partners	<input type="checkbox"/> a trust	<input type="checkbox"/> limited liability company*	<input type="checkbox"/> state or local registered domestic partners
(An asterisk (*) item requires proof of registration with the California Secretary of State's Office)			
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).)			
<b>8) IF REGISTRANT IS NOT A CORPORATION SIGN BELOW</b>		<b>9) CORPORATIONS AND LLCs, ONLY (Provide Articles of Incorporation)</b>	
	Christopher M Officer	Corporation or Company Name	
Signature	Type or Print Name		
Signature	Type or Print Name	Signature of Officer and Title	
Signature	Type or Print Name	Type or Print Name	

**IF SUBMITTING THE STATEMENT IN PERSON, THE REGISTRANT OR AGENT WILL BE REQUIRED TO PRESENT VALID PHOTO ID FOR ALL THE FICTITIOUS BUSINESS NAME FILINGS.**

**FOR OFFICE USE ONLY**

**CERTIFICATION:** I hereby certify that the foregoing is a correct copy of the original on file in my office.

JENNIFER A. VISE, County Clerk and Recorder      By: \_\_\_\_\_, Deputy