

YOUR RETURN MAILING ADDRESS


NAME: THE ANIMAL PROTECTORATES

ADDRESS: on file

CITY: BURBANK

STATE: CA ZIP CODE:

2014223457



FILED EXPIRES
 Aug 12 2014 Aug 12 2019
 Dean C. Logan, Registrar-Recorder/County Clerk

Electronically signed by TODD TRAN

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. ALGUS 2. ANIMAL LAW GUILD
 ** on file Print Fictitious Business Name(s) PO BOX 1645
 Burbank Street address of principal place of business CA LA COUNTY Burbank Mailing address if different CA 91507
 City State Zip COUNTY City State Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON 3544406

***REGISTERED OWNER(S):

<p>1. <u>THE ANIMAL PROTECTORATES</u> Full Name/Corp/LLC (P.O. Box not accepted) <u>on file</u> Residence Address <u>BURBANK</u> CA City State Zip <u>CA</u> If Corporation or LLC - Print State of Incorporation/Organization</p>	<p>2. _____ Full Name/Corp/LLC (P.O. Box not accepted) Residence Address _____ City State Zip _____ 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 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 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: 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) THE ANIMAL PROTECTORATES TITLE TREASURER

REGISTRANT SIGNATURE [Signature] IF CORP OR LLC, PRINT NAME SHELLEY RINICKER RIZZOTTI

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: TODD TRAN , Deputy