	READ INSTRUCTIONS ON REVERSE SIDE BEFOR	EC	OMPLETING FOR	M - PI FASE I	ise bi ack in	IV.	
	A MAILING NAME AND ADDRESS (OPTIONAL)	T	File Number:	529753	No. of P	ages:	1
	NAME XAVIEV COMPOS				File Dat		7/2009
	ADDRESS 1209 Advian Way				Expires Fee Tot		7/2014 37.35
	CITY San Jose STATE CH ZIP 9512	4	* 52	9753*	Clerk ID		022
	FICTITIOUS BUSINESS NAME STATEMENT FILED WITH THE COUNTY CLERK-RECORDER OF SANTA CLARA		REGINA ALCOME	NDRAS, Count	y Clerk – Reco	rder	
	COUNTY ON THE DATE IDENTIFIED ON THE FILING LABEL		SANTA CLARA CO	DUNTY CLERK	- RECORDER :	SUFFICE	Ī
1	The following person (persons) is (are) doing business as: (Use the ADDENDUM FICTITIOUS BUSINESS NAME(S)	d form	if the total number of	names will not legi	bly fit)		
	Xavier Campos For City Cour	nci	l				
2 [	at: (DO NOT USE P.O. BOX, PRIVATE MAIL BOX ADDRESSES)  STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS  CITY			STATE	ZIP C	OUNTY,	. 1
	1209 Advian Way San Jo	se		CA 9	5122 5	ianta !	Clava
-	If the principal place of business identified above is not in Santa Clara fictitious business name(s) being filed at this time must be on file at the before this statement can be filed.	Coun e abo	ity, a current fictitious ve-identified County	s business name that is the princ	statement for the statement for the statement of the stat	ne iness	
3.	THE PRINCIPAL PLACE OF BUSINESS IS IN AT THE COUNTY CLERK-RECORDER'S OFFICE OF SAID COUNTY.		COUNTY AND A CURR	ENT FICTITIOUS BU	ISINESS NAME STAT	EMENT IS O	N FILE
	DOES NOT APPLY BECAUSE THE PRINCIPAL PLACE OF BUSINESS IS IN SANTA	CLARA	COUNTY				
-	This business is owned by: (An astensk [*] item requires proof of registra	ation	with the California Sec	cretary of State's	Office)		
•		Townson I	ED PARTNERSHIP  A CORPORATION	□ · A LIMIT	TED LIABILITY COMP	ANY	TNERS
	☐ HUSBAND AND WIFE ☐ JOINT VENTURE ☐ STATE OR LO	CAL R	REGISTERED DOMESTIC P	PARTNERS	□ · LIMITED L	ABILITY PAR	RTNERSHIP
	The name and residence address of the owner(s)/registrant(s) is (are): (DO NOT USE F NOTE: General Partnerships, Copartnership, Joint Venture, Limited Liability Partnership, Uninc				ame and recidence or	drass of	
	each General Pariner, Trusts - Insert the full name and residence address of each trustee; Lim	uted L	ability Company and Corpor	ation - Insert full name	and address of Limite	d Liability	
	Company or Corportation as registered with the California Secretary of State's Office, State or I Partner. USE THE ADDENDUM FORM TO LIST ADDITIONAL NAMES AND ADDRESSES	local re	egistered Domestic Partners	- Insert full name and	residence address of	each Domes	uc
1	NAME Xavier Campos 1209 Adrian	и	Vay San Tos	Ú	STATE	21P 9512	2
	NAME ADDRESS		CITY		STATE	ZIP	
Ì	NAME ADDRESS		CITY		STATE	ZIP	
ļ	Registrant/Owner began transacting business under the						
5	fictitious business name(s) listed above on:  DATE:	7	This filing is a:	cation Required)			
	NOT APPLICABLE		Refile of previous				
В	I declare that all information in this statement is true and correct.  (A registrant who declares as true information which he or she		Refiled prior to e.  With changes (Pr		ays past expiration, will	NO CHANGE	s
	knows to be false in quilty of acting		After 40 days of e	expiration date (Publica			
	PRINTED NAME XANEY COMITOS		Due to publication	requirement not met on	previous filing (Publicat	on Required)	
	If a CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP or		I hereby certify that			_	
	LIMITED LIABILITY PARTNERSHIP, the following must be completed:  ENTITY NAME		Fictitious Business Regina Alcomendras				
	TITLE/CAPACITY OF SIGNER		, regina rassinonara	,			
	ARTICLE/REGISTRATION # (from CA Secretary of State's Office) ABOVE ENTITY WAS FORMED IN THE STATE OF		Ву				. Deputy
	NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS BUSINES DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVID	DED IN	SUBDIVISION (b) OF SECTION	ON 17920, WHERE IT	EXPIRES 40 DAYS AF	TER ANY	
	CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTH	ER TH	AN A CHANGE IN THE RESI	DENCE ADDRESS OF	A REGISTERED OWN	ER. A NEW	
	FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE I	FILING	OF THIS STATEMENT DOC		HONEL THE OOL HE	กเอ	
	FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE I STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDE PROFESSIONS CODE)	ER FED	DERAL, STATE, OR COMMO	N LAW (SEE SECTION	14411 ET SEQ., BUSI	NESS AND	

	DEAD INICIDIACTIONS ON DEVEDOE SI	_	File Number:	448412	No. of Page	es: 1
Δ	READ INSTRUCTIONS ON REVERSE SIGNALLING ADDRESS	B			File Date:	7/27/2004
-					Expires:	7/27/2009
NA	DORESS 1209 ADRIM WY				Fee Total:	44.00
AD	DORESS 1209 ADRIAN WY		i (001) Prail didii Dibit aldiii a	448412•	Clerk ID:	010
	TYISTATEIZIP SAN JUSE CA 95/22					
			BRENDA DAVIS SANTA CLARA	6, County Clerk Red COUNTY CLERK —	order Recorder's 0	FFICE
FIC	TITIOUS BUSINESS NAME STATEMENT - THE FOLLO			RE) DOING BUSINESS	AS	
1 •	Fictitious Business Name(s) (Use an ADDENDUM form for additional	-	, /	BOARD		
,	Principal Place of Business in California - Street Address (P.O. Box not according to the control of the contro		C   F   O		State Zip	Code
	1209 ADRIAN WY.	2	SAN JUS	se CA	1 95	122
3 ***	Full Name of Registrant/Owner		Full Name of Regist			
	XAVIER CAMPOS  Residence Address (PO Box not acceptable)	ĺ		SHIRAK (PO Box not acceptable		
	Residence Address (P O Box not acceptable)		2609	Apollo #	D	
	1209 Aprian WY City State Zip		City		State Zip	
	San JUSE CA 95/22		SAN	Jose	CA 951	151
	(If a CORPORATION, LLC, LLP, or LP, show state of formation)		(If a CORPORATION	LLC, LLP, or LP, show star	te of formation)	
	Full Name of Registrant/Owner	_	Full Name of Regis	trant/Owner		
	ROSA CAMPOS				1.2	
	Residence Address (P.O. Box not acceptable)		Residence Address	(P.O. Box not acceptab	ie)	
	City Aprian Cry		City		State Zip	
	SAU JOSE CA 95/22					
	(If a CORPORATION, LLC LLP, or LP show state of formation)		(If a CORPORATION	I, LLC, LLP, or LP, show sta	ite of formation)	
						===
4A	This business is conducted by (PLEASE CHECK ONE ONLY)		husband & wife	Ismited partnership	general partne	ership
	corporation business trust copartners joint ventur	re	OTHER (please	d association other than a p	arthership	
	Irmited liability_company Irmited liability partnership		-		1-01/	
48	Registrant began transacting business under the fictitious business nan Registrant has not yet begun to transact business under the fictitious	busir	ness name or names la	sted herein.		
5A	REGISTRANT (other than a corporation) sign below:	5B.		RPORATION, LLC, LLP, or	LP, officer sign below	
500			Estitu Nama			
	I declare that all information in this statement is true and correct (A registrant who declares as true profination which					
	he or she knows to be false is guilty of a crime )		Officer Signature Print Name	x		
	Signed X		and Title			
				ATION/REGISTRATION # OF STATE'S OFFICE		
		1			nal shove	
_	This statement was filed with the County Clerk-Recorder of filing of this statement does not of itself authorize the use in this state of a fictitious bus			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN		
The f	filing of this statement does not of itself authorize the use in this state of a littlibus book or common law (see Section 14411 et seq , Business and Professions Code)	мираа				
	ICE - This Fictitious Business Name Statement expires five years		I hereby certify t	hat this copy is a corre	ct copy of the origi	nal (
	the date it was filed in the Office of the County Clerk-Recorder. A Fictitious Business Name Statement must be filed before that time.		ricitions position	ou manne weathern on		
	AND THE REAL PROPERTY OF THE P		Brenda Davis, Co	unty Clerk-Recorder		
6	First filing Refile within 40 days of expiration with no changes					
7	Refile with changes (Publication Required)		Ву			Deputy
	Refile after 40 days of expiration date (Publication Required)					
Com	rent File #					

	READ INSTRUCTIONS ON REVER'					
A	MAILING NAME AND ADDRESS (OPTIONAL)	File Number: 502332 No. of	Pages:			
N	DDRESS 2609 Apollo Dr.	Expire				
1		* 502332* Clerk				
C	FORM MUST BE TYPED OR LEGIBLY COMPLETED USING BLACK INK ONLY.	REGINA ALCOMENDRAS, County Clerk – Rec SANTA CLARA COUNTY CLERK – RECORDER	corder			
FI	ICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON	ON(S) IS (ARE) DOING BUSINESS AS.				
1	Fictitious Business Name(s) (Please number additional names, use an ADDENDUM to SHIRAKAWA FOR Superurisor					
2.	Street Address of Principal Place of Business in California - (PO Box, PMB NOT acceptable 2609 Apollo Dr.	o) City State CA	Zip 95/2/			
3	Full Name of Registrant/Owner  GEORGE SHIRAKAWA	Full Name of Registrant/Owner	1			
	Residence Address (P O Box or PMB not acceptable) 2609 Apollo	Residence Address (P O. Box or PMB not acceptable)				
	SAN JOSE State Zip (A 95/21	City	Zıp			
	(If a CORP, LLC, LLP, or LP, enter the State where registered)	(If a CORP, LLC, LLP, orthor the State whore registered)				
	Full Name of Registrant/Owner	Full Name of Registrant/Owner				
	Residence Address (P O Box or PMB not acceptable)	Residence Address (P O Box or PMB not acceptable)				
	City State Zip	City	Zip			
	(If a CORP, LLC, LLP, or LP, enter the State where registered)	(If a CORP, LLC, LLP, or LP, enter the State where registered)				
4	This business is conducted by (PLEASE CHECK ONE BOX ONLY from ONE GROUP. THE REMAINI  GROUP ONE. Individual Inusband & wife general partnership cop	ING GROUP WILL NOT HAVE A BOX CHECKED				
	an unincorporated association other than a partnership OT	HER (specify)				
	OR	ted liability partnership				
5	Registrant began transacting business under the fictitious business name(s) listed above or;	on (date) has not yet begun				
6		afile within 40 days of expiration with no changes from the previous filing effice after 40 days of expiration date (Publication Required)				
	CURRENT / PREVIOUS FILE NUMBER	(REQUIRED for a refile or ren	iewal)			
	I DECLARE THAT ALL INFORMATION IN TO	HIS STATEMENT IS TRUE AND CORRECT. uch he or she knows to be false is guilty of a crime.)				
7A		7B GROUP TWO REGISTRANT (CORPORATION, LLC, LLP, or LP) An officer must sign and complete the below information				
	Signed X	Entity Name				
	Print Full Name GEORGE SHIRAKAWA	Officer Signature X Print Name and Title				
	Pint rull Name	ARTICLE/CERTIFICATION/REGISTRATION 6 from the Secretary of State's Office				
	THIS STATEMENT WAS FILED WITH THE COUNTY CLERK-RECORDER	R OF SANTA CLARA COUNTYON THE DATE INDICATED ON THE FILING LABEL	ABOVE			
	NOTICE - This Fictitious Business Name Statement expires five years	I hereby certify that this copy is a correct copy of the original				
	from the date it was filed in the Office of the County Clerk-Recorder.  A new Fictitious Business Name Statement must be filed before that time.	Fictitious Business Name Statement on file in my office.  Regina Alcomendras, County Clerk-Recorder				
	The filing of this statement does not of itself authorize the use in this state of a fictilious business name in violation of the rights of another under federal, state or common law (see Section 14411 et seq., Business and Professions Code)	Ву	, Deputy			

## READ INSTRUCTIONS ON REVERSE S File Date: 6/07/2004 MAILING ADDRESS Expires: 6/07/2009 NAME GEORGE SHIRAKAWA ADDRESS 2609 Apollo Pr. 37.00 Fee Total: Clerk ID: 015 BRENDA DAVIS, County Clerk Recorder SANTA CLARA COUNTY CLERK-RECORDER'S OFFICE FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS Fictitious Business Name(s) (Use an ADDENDUM form for additional names) JUANITA RAMIREZ FOR SCHOOL BOARD Principal Place of Business in California - Street Address (P.O. Box not acceptable) Zip Code 1011 GRIDLEY St. Jose 95127 \*\*\* Full Name of Registrant/Owner Full Name of Registrant/Owner JUANITA RAMIRE 2 GEORGE SHIRAKAWA Residence Address (P O Box not acceptable) Residence Address (P O Box not acceptable) 95121 95127 (If a CORPORATION, LLC, LLP, or LP, show state of formation) (If a CORPORATION, LLC, LLP, or LP, show state of formation) Full Name of Registrant/Owner Full Name of Registrant/Owner Residence Address (P O Box not acceptable) Residence Address (P O Box not acceptable) City (If a CORPORATION, LLC LLP or LP, show state of formation) a CORPORATION, LLC, LLP, or LP, show state of formation) an individual This business is conducted by (PLEASE CHECK ONE ONLY) husband & wife Ilmited partnership general partnership corporation business trust joint venture an unincorporated association other than a partnership limited liability company limited liability partnership OTHER (please specify) Registrant began transacting business under the fictitious business name or names listed here on (date) Registrant has not yet begun to transact business under the fictitious business name or names listed herein. REGISTRANT (other than a corporation) sign below If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below I declare that all information in this statement is true and correct Entity Name (A registrant who declares as true information which he or she knows to be false is guilty of a crime ) Officer Signature X Print Name Signed X and Title ARTICLE/CERTIFICATION/REGISTRATION # SHIRAKAWA Print Full Name FROM SECRETARY OF STATE'S OFFICE This statement was filed with the County Clerk-Recorder of Santa Clara County on date indicated on the filing label above. 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) NOTICE - This Fictitious Business Name Statement expires five years I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office. from the date it was filed in the Office of the County Clerk-Recorder A new Fictitious Business Name Statement must be filed before that time Brenda Davis, County Clerk-Recorder First filing Refile within 40 days of expiration with no changes

File Number:

445982

No. of Pages:

Refile with changes (Publication Required)

Refile after 40 days of expiration date (Publication Required)

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Deputy

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NAME XAVIER CAMPOS ADDRESS 1209 ADRIAN MY				Fee Total:	44.00
	I leath than an	<b>»</b> 448	412•	Clerk ID:	010
CITYISTATEIZIP SAN JUSE CA 95122	BREND/ SANTA	A DAVIS, C CLARA CO	County Clerk Re UNTY CLERK –	ecorder - RECORDER'S O	FFICE .
FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLO		I(S) IS (ARE)	DOING BUSINESS	S AS	
1 Fictitious Business Name(s) (Use an ADDENDUM form for additional  XAVIER CAMPOS FOR		1 B	BOARD		
Principal Place of Business in California - Street Address (P.O. Box not acceptable)		City			Code
1209 ADRIAN WY.	SAN	-		95	1251
3 *** Full Name of Registrant/Owner		of Registrant	SHI'RAN	1	
Residence Address (PO Box not acceptable)		RBE Address (P	O Box not acceptat		
1209 Aprian wy	260			0	
City State Zip	City			State Zip	
Som JUSE CA 95/22	SAN	~ 70	ose	CA 951	121
(If a CORPORATION, LLC, LLP, or LP, show state of formation)	(If a CORP	ORATION, LLC	C, LLP, or LP, show st	ate of formation)	
Full Name of Baracheast Ourses	Full Name	e of Registrant	t/Owner		
Full Name of Registrant/Owner  ROSA CAMBOS					
Residence Address (P.O. Box not acceptable)	Residenc	e Address (P.	O. Box not accepta	ble)	
1209 ADVIAN WY				State Zip	\
Sign Tose CA 95/22	City			State  Zip	
(If a CORPORATION, LLC LLP, or LP show state of formation)	(If a CORE	PORATION, LLC	C, LLP, or LP, show si	tate of formation)	
4A This business is conducted by (PLEASE CHECK ONE ONLY) an individu	lal Dhusba	nd & wife	limited partnership	general partne	ership
corporation business trust copartners joint ventur	=	-	sociation other than a	partnership	4
Irmited liability.company Irmited liability partnership	ОТН	ER (please sp	ecify)		
4B Registrant began transacting business under the fictitious business name	ne or names listed	here on (date	7-2	7-04	
Registrant has not yet begun to transact business under the fictitious	business name or	names listed	herein.		
5A REGISTRANT (other than a corporation) sign below:	5B. If Registra	int is a CORPO	RATION, LLC, LLP, o	or LP, officer sign below	
I declare that all information in this statement is true and correct	Entity Na	ime			
(A registrant who declares as true por fnation which he or she knows to be false is guilty a crime)	Officer 5	Signature X			
	Print Na	me			
Signed X 1	and Title		N/REGISTRATION #		
Print Full Name <u>BEORGE</u> SHIRAHAWA	PROM SE	CRETARY OF S	TATE'S OFFICE		
This statement was filed with the County Clerk-Recorder of					
The filing of this statement does not of itself authorize the use in this state of a fictitious bus state or common law (see Section 14411 et seq., Business and Professions Code)	siness name in viola	tion of the rights	s of another under fed	eral,	
NOTICE - This Fictitious Business Name Statement expires five years from the date it was filed in the Office of the County Clerk-Recorder. A new Fictitious Business Name Statement must be filed before that time.	I hereby Fictitiou	certify that t s Business I	this copy is a corr Name Statement o	ect copy of the origi n file in my office.	nal
The state of the s	Brenda	Davis, County	Clerk-Recorder		1
6 First filing Refile within 40 days of expiration with no changes					
Refile with changes (Publication Required) Refile after 40 days of expiration date (Publication Required)	Ву				Deputy
Current File #					

No. of Pages:

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C	TYISTATEIZIP San JOSE CA.	95/21				Clerk	ID:	THO
			BRENDA (	DAVIS, O	County Clerk Reco	rder	יפ חב	EIGE
FIC	TITIOUS BUSINESS NAME STAT	EMENT - THE FOLL					3 Ur	
1 *	,	ENDUM form for additions	, '	BUAR				
2	Principal Place of Business in California - Street A	The second secon		City	. (_)	State		Zip Code
	2609 Apollo D.	٠		J056	c	A.	95	121
3 **	Full Name of Registrant/Owner	SHIRAKAWA	Full Nan	ne of Regis	strant/Owner			
	Residence Address (PO Box not acceptable) 2609 Apoilo D.	·.	Residen	ce Addres	s (P.O. Box not accepta	ibie)		
	SAN JOSE State	Zip 95/2/	City			State	Zip	
	(If a CORPORATION, LLC, LLP, or LP, show state of fo	rmation)	(If a COF	RPORATION	I, LLC, LLP, or LP, show s	tate of formal	tion)	
	Full Name of Registrant/Owner		Full Nar	me of Regi	strant/Owner			
	Residence Address (P.O. Box not acceptable)	1	Residen	nce Addres	s (P.O. Box not accepta	able)		
	Crty	Zıp	City			State	Zıp	
	(If a CORPORATION LLC LLP or LP show state of to	ormation)	(if a COF	RPORATION	N, LLC, LLP, or LP, show s	state of forma	tion)	
4A	This business is conducted by (PLEASE CHECK ONE corporation business trust copart	ners joint ventur	e 🔲 an u	-0.000000000000000000000000000000000000	Ilmited partnership ad association other than a	, press,	neral pa	rtnership
4B	Imited liability company Imited  Registrant began transacting business under the second control of the second	the fictitious business name	- Unit	HER (pleas and here on				
	Registrant has not yet begun to transact bus		r					
5A	REGISTRANT (other than a corporation) sign bel	ow	5B If Registi		RPORATION, LLC, LLP, o		8 0	
	I declare that all information in this statement is to (A registrant who declares as true information	/ 1	Entity N	lame				
	he or she knows to be false is guilty of a crit		Officer Print Na		x			
	Signed X Se m. L		and Titl					
	Print Full Name GEORGE MICHA	EL SHIBAKAUR			ATION/REGISTRATION # OF STATES OFFICE			
	This statement was filed with the		l Santa Clara Cour	nty on date	indicated on the filing la	abel above.		
	ling of this statement does not of itself authorize the use is or common law (see Section 14411 et seq., Business and		ness name in viola	ation of the	rights of another under fed	eral,		
NOT	CE - This Fictitious Business Name Statement expire the date it was filed in the Office of the County Clerk- Fictitious Business Name Statement must be filed be	s five years Recorder. A			hat this copy is a corress Name Statement o			T. C.
			Brenda	Davis, Co	unty Clerk-Recorder			
6	First filing Refile within 40 days of exp	iration with no changes						
1	Refile with changes (Publication Required) Refile after 40 days of expiration date (Publication Regulation date)	ation Required)	Ву		***************************************			Deputy
Curr	ent File #							
B	16 REV 1/02		NA 500-001-WY 100-00-00-00-00-00-00-00-00-00-00-00-00-	- 070 000 050			-255-500	

## READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

MAILING ADDRESS:	B mrty Clerk-Recorder's Filing Stamp)
NAME GEORGE SHIRAMAN	FILE Dinty Clerk-Recorder's Filing Stamp)
ADDRESS 2166 SHE lock Pr.	MAY 0 3 2001
CITY/STATE/ZIP SAW JOSE CA 95/24	A Clark-Recorder
, ,	BRENDA BATIS (Gounty Glerk-Recorder
	By Clark Divinal Deputy
FICTITIOUS BUSINESS NAME STATEMEN	T = THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:
1. Figitious Business Name(s)	
2.** Principal Place of Business in California - Street Address (P.O. Box not	acceptable): City State Zip Code
2166 SHErlock Dr.	SAN JULY CA 95/2/
3.*** Full Name of Registrant	Full Name of Registrant
Residence Address (P.O. Box not acceptable)	Residence Address (P.O. Box not acceptable)
2609 Apollo O	( i.e. sand)
City State Zip	City State Zip
Sow Jose CA 25/2/ (If a CORPORATION, LLC, LLP, or LP, show state of incorporation)	(If a CORPORATION, LLC, LLP, or LP, show state of incorporation)
(ii a confonation, etc., etc., or e.e., show state of incorporation)	(If a CORPORATION, ELC, ELP, or LP, show state of incorporation)
Full Name of Decisions	S.II.Nama of Sanishana
Full Name of Registrant	Full Name of Registrant
Residence Address (P.O. Box not acceptable)	Residence Address (P.O. Box not acceptable)
City State Zip	City State Zip
Size Zip	State Zip
(If a CORPORATION, LLC, LLP, or LP, show state of incorporation)	(If a CORPORATION, LLC, LLP, or LP, show state of incorporation)
4A. This business is conducted by (PLEASE CHECK ONE ONLY):   an indificult and a corporation   a business trust   copartners   joint vani	The state of the s
☐ limited liability company Other (please specify)	
4B.	
5A. REGISTRANT (other than a corporation) sign below:	5B. If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below:
$\sim$	Corporation Name
$\mathcal{L}$	Signature & Title
Signed	Type Officer Name & Title
Type Signature GEORGE SHURARANA	Article or Cert. #
	f Santa Clara County on date Indicated by file stamp above
The filing of this statement does not of itself authorize the use in this state of a	
state or common law (see Section 14400 et seq., Business and Professions C	
NOTICE - This Fictitious Business Name Statement expires five years from the date it was filed in the Office of the County Clerk-Recorder. A	I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.
new Fictitious Business Name Statement must be filed before that time.	County Clerk-Recorder
<ol> <li>6.</li></ol>	By Deputy
Current Registration #:	
	File No 3 9 3 7 2 6
3400	FIIE NO.