

A MAILING NAME AND ADDRESS (OPTIONAL)

NAME Xavier Campos

ADDRESS 1209 Adrian Way

CITY San Jose STATE CA ZIP 95122

File Number: **529753**

No. of Pages: **1**



File Date: **10/07/2009**

Expires: **10/07/2014**

Fee Total: **37.35**

Clerk ID: **022**

FICTITIOUS BUSINESS NAME STATEMENT

FILED WITH THE COUNTY CLERK-RECORDER OF SANTA CLARA
COUNTY ON THE DATE IDENTIFIED ON THE FILING LABEL

**REGINA ALCOMENDRAS, County Clerk-Recorder
SANTA CLARA COUNTY CLERK-RECORDER'S OFFICE**

1 The following person (persons) is (are) doing business as: (Use the ADDENDUM form if the total number of names will not legibly fit)

FICTITIOUS BUSINESS NAME(S)

Xavier Campos For City Council

at: (DO NOT USE P.O. BOX, PRIVATE MAIL BOX ADDRESSES)

2 STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS CITY STATE ZIP COUNTY
1209 Adrian Way San Jose CA 95122 Santa Clara

If the principal place of business identified above is not in Santa Clara County, a current fictitious business name statement for the fictitious business name(s) being filed at this time must be on file at the above-identified County that is the principal place of business before this statement can be filed.

3 ☐ THE PRINCIPAL PLACE OF BUSINESS IS IN _____ COUNTY AND A CURRENT FICTITIOUS BUSINESS NAME STATEMENT IS ON FILE AT THE COUNTY CLERK-RECORDER'S OFFICE OF SAID COUNTY.

☒ DOES NOT APPLY BECAUSE THE PRINCIPAL PLACE OF BUSINESS IS IN SANTA CLARA COUNTY

This business is owned by: (An asterisk (*) item requires proof of registration with the California Secretary of State's Office)

4 ☒ AN INDIVIDUAL ☐ A GENERAL PARTNERSHIP ☐ * A LIMITED PARTNERSHIP ☐ * A LIMITED LIABILITY COMPANY
☐ AN UNINCORPORATED ASSOCIATION OTHER THAN A PARTNERSHIP ☐ * A CORPORATION ☐ A TRUST ☐ COPARTNERS
☐ HUSBAND AND WIFE ☐ JOINT VENTURE ☐ STATE OR LOCAL REGISTERED DOMESTIC PARTNERS ☐ * LIMITED LIABILITY PARTNERSHIP

The name and residence address of the owner(s)/registrant(s) is (are): (DO NOT USE P.O. BOX, PRIVATE MAIL BOX ADDRESSES)

NOTE: General Partnerships, Copartnership, Joint Venture, Limited Liability Partnership, Unincorporated Association, and Limited Partnership - Insert name and residence address of each General Partner, Trusts - Insert the full name and residence address of each trustee; Limited Liability Company and Corporation - Insert full name and address of Limited Liability Company or Corporation as registered with the California Secretary of State's Office, State or local registered Domestic Partners - Insert full name and residence address of each Domestic Partner. USE THE ADDENDUM FORM TO LIST ADDITIONAL NAMES AND ADDRESSES

5 NAME ADDRESS CITY STATE ZIP
Xavier Campos 1209 Adrian Way San Jose CA 95122

NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

Registrant/Owner began transacting business under the fictitious business name(s) listed above on:

6 ☐ DATE: _____
☒ NOT APPLICABLE

8 I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

SIGNED x Xavier Campos
PRINTED NAME Xavier Campos

If a CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP or LIMITED LIABILITY PARTNERSHIP, the following must be completed:

ENTITY NAME _____
TITLE/CAPACITY OF SIGNER _____
ARTICLE/REGISTRATION # _____ (from CA Secretary of State's Office)
ABOVE ENTITY WAS FORMED IN THE STATE OF _____

This filing is a:

7 ☒ First Filing (Publication Required)
☐ Refile of previous file # _____
☐ 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)

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Regina Alcomendras, Santa Clara County Clerk-Recorder

By _____, Deputy

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS BUSINESS 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. 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)

READ INSTRUCTIONS ON REVERSE SIDE

File Number:

448412

No. of Pages:

1

File Date: 7/27/2004

Expires: 7/27/2009

Fee Total: 44.00

Clerk ID: 010



BRENDA DAVIS, County Clerk Recorder
SANTA CLARA COUNTY CLERK - RECORDER'S OFFICE

A MAILING ADDRESS

NAME XAVIER Campos
ADDRESS 1209 ADRIAN WY
CITY/STATE/ZIP SAN JOSE CA 95122

FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS

1 * Fictitious Business Name(s) (Use an ADDENDUM form for additional names)

XAVIER Campos FOR SCHOOL BOARD

2. ** Principal Place of Business in California - Street Address (P.O. Box not acceptable):

1209 ADRIAN WY.

City

State

Zip Code

SAN JOSE

CA

95122

3 *** Full Name of Registrant/Owner

XAVIER Campos

Residence Address (P.O. Box not acceptable)

1209 ADRIAN WY

City

State

Zip

SAN JOSE

CA

95122

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner

GEORGE SHIRAKAWA

Residence Address (P.O. Box not acceptable)

2609 Apollo Dr.

City

State

Zip

SAN JOSE

CA

95121

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner

ROSA Campos

Residence Address (P.O. Box not acceptable)

1209 ADRIAN WY

City

State

Zip

SAN JOSE

CA

95122

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner

Residence Address (P.O. Box not acceptable)

City

State

Zip

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

4A This business is conducted by (PLEASE CHECK ONE ONLY)

☐ corporation

☐ business trust

☒ copartners

☐ joint venture

☐ limited liability company

☐ limited liability partnership

☒ an individual

☐ husband & wife

☐ limited partnership

☐ general partnership

☐ an unincorporated association other than a partnership

☐ OTHER (please specify)

4B ☒ Registrant began transacting business under the fictitious business name or names listed here on (date) 7-27-04

☐ 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

I declare that all information in this statement is true and correct
(A registrant who declares as true information which he or she knows to be false is guilty of a crime)

Signed X [Signature]

Print Full Name

GEORGE SHIRAKAWA

5B. If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below

Entity Name

Officer Signature X

Print Name

and Title

ARTICLE/CERTIFICATION/REGISTRATION #
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 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.

6 ☒ First filing ☐ Refile within 40 days of expiration with no changes

7 ☐ Refile with changes (Publication Required)

☐ Refile after 40 days of expiration date (Publication Required)

Current File #

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Brenda Davis, County Clerk-Recorder

By Deputy

A MAILING NAME AND ADDRESS (OPTIONAL)

File Number: 502332

No. of Pages: 1

NAME GEORGE SHIRAKAWA
 ADDRESS 2609 Apollo Dr.
 CITY/STATE/ZIP SAN JOSE, CA 95121



File Date: 11/19/2007
 Expires: 11/19/2012

Fee Total: 37.35

Clerk ID: 015

REGINA ALCOMENDRAS, County Clerk-Recorder
 SANTA CLARA COUNTY CLERK-RECORDER'S OFFICE

FORM MUST BE TYPED OR LEGIBLY COMPLETED USING BLACK INK ONLY.

FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS.

1 Fictitious Business Name(s) (Please number additional names, use an ADDENDUM form if additional room is required)
SHIRAKAWA for SUPERVISOR

2 Street Address of Principal Place of Business in California - (P O Box, PMB NOT acceptable) City State Zip
2609 Apollo Dr. SAN JOSE CA 95121

3 Full Name of Registrant/Owner Full Name of Registrant/Owner
GEORGE SHIRAKAWA
 Residence Address (P O Box or PMB not acceptable) Residence Address (P O Box or PMB not acceptable)
2609 Apollo Dr.
 City State Zip City State Zip
SAN JOSE CA 95121
 (If a CORP, LLC, LLP, or LP, enter the State where registered) (If a CORP, LLC, LLP, or LP, enter the State where 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 State 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 REMAINING GROUP WILL NOT HAVE A BOX CHECKED)
 GROUP ONE: ☒ individual ☐ husband & wife ☐ general partnership ☐ copartners ☐ joint venture ☐ business trust
☐ an unincorporated association other than a partnership ☐ OTHER (specify) _____
 OR
 GROUP TWO: ☐ corporation ☐ limited liability company ☐ limited liability partnership ☐ limited partnership

5 Registrant began transacting business under the fictitious business name(s) listed above ☐ on (date) _____
 or: ☒ has not yet begun

6 This filing is a: ☒ First Filing (Publication Required) ☐ Refile within 40 days of expiration with no changes from the previous filing
☐ Refile with changes (Publication Required) ☐ Refile after 40 days of expiration date (Publication Required)

CURRENT / PREVIOUS FILE NUMBER _____ (REQUIRED for a refile or renewal)

I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.
 (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

7A GROUP ONE REGISTRANT sign below
 Signed X [Signature]
 Print Full Name GEORGE SHIRAKAWA

7B GROUP TWO REGISTRANT (CORPORATION, LLC, LLP, or LP);
 An officer must sign and complete the below information
 Entity Name _____
 Officer Signature X _____
 Print Name and Title _____
 ARTICLE/CERTIFICATION/REGISTRATION # _____
 from the Secretary of State's Office _____

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK-RECORDER OF SANTA CLARA COUNTY ON THE DATE INDICATED ON THE FILING LABEL ABOVE

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.
 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 Fictitious Business Name Statement on file in my office.
 Regina Alcomendras, County Clerk-Recorder
 By _____, Deputy

#37.35

READ INSTRUCTIONS ON REVERSE S

File Number: **445982**

No. of Pages: **1**

File Date: **6/07/2004**

Expires: **6/07/2009**

Fee Total: **37.00**

Clerk ID: **015**



**BRENDA DAVIS, County Clerk Recorder
SANTA CLARA COUNTY CLERK - RECORDER'S OFFICE**

A MAILING ADDRESS:
NAME GEORGE SHIRAKAWA
ADDRESS 2609 Apollo Dr.
CITY/STATE/ZIP SAN JOSE, CA 95121

FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS

1 Fictitious Business Name(s) (Use an ADDENDUM form for additional names)
JUANITA RAMIREZ FOR SCHOOL BOARD

2 Principal Place of Business in California - Street Address (P O Box not acceptable) City State Zip Code
1011 GRIDLEY ST. SAN JOSE CA 95127

3 Full Name of Registrant/Owner
GEORGE SHIRAKAWA
Residence Address (P O Box not acceptable)
2609 Apollo Dr.
City State Zip
SAN JOSE CA 95121
(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner
JUANITA RAMIREZ
Residence Address (P O Box not acceptable)
1011 GRIDLEY ST.
City State Zip
SAN JOSE CA 95127
(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner
Residence Address (P O Box not acceptable)
City State Zip
(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner
Residence Address (P O Box not acceptable)
City State Zip
(If a CORPORATION, LLC, LLP, or LP, show state of formation)

4A This business is conducted by (PLEASE CHECK ONE ONLY)
☒ an individual ☐ husband & wife ☐ limited partnership ☐ general partnership
☐ corporation ☐ business trust ☐ copartners ☐ joint venture ☐ an unincorporated association other than a partnership
☐ limited liability company ☐ limited liability partnership ☐ OTHER (please specify) _____

4B ☐ 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.

5A REGISTRANT (other than a corporation) sign below
I declare that all information in this statement is true and correct
(A registrant who declares as true information which he or she knows to be false is guilty of a crime)
Signed X [Signature]
Print Full Name GEORGE SHIRAKAWA

5B If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below
Entity Name _____
Officer Signature X _____
Print Name _____
and Title _____
ARTICLE/CERTIFICATION/REGISTRATION # _____
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 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 certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Brenda Davis, County Clerk-Recorder

6 ☒ First filing ☐ Refile within 40 days of expiration with no changes
7 ☐ Refile with changes (Publication Required)
☐ Refile after 40 days of expiration date (Publication Required)

By _____ Deputy

Current File # _____

READ INSTRUCTIONS ON REVERSE SIDE

File Number:

448412

No. of Pages:

1

File Date: 7/27/2004

Expires: 7/27/2009

Fee Total: 44.00

Clerk ID: 010



BRENDA DAVIS, County Clerk Recorder
SANTA CLARA COUNTY CLERK - RECORDER'S OFFICE

A MAILING ADDRESS

NAME XAVIER Campos

ADDRESS 1209 ADRIAN WY

CITY/STATE/ZIP SAN JOSE CA 95122

FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS

<p>1 * Fictitious Business Name(s) (Use an ADDENDUM form for additional names)</p> <p><u>XAVIER Campos FOR SCHOOL BOARD</u></p>	
<p>2 ** Principal Place of Business in California - Street Address (P.O. Box not acceptable):</p> <p><u>1209 ADRIAN WY.</u> City <u>SAN JOSE</u> State <u>CA</u> Zip Code <u>95122</u></p>	
<p>3 *** Full Name of Registrant/Owner</p> <p><u>XAVIER Campos</u></p> <p>Residence Address (P.O. Box not acceptable)</p> <p><u>1209 ADRIAN WY</u></p> <p>City <u>SAN JOSE</u> State <u>CA</u> Zip <u>95122</u></p> <p>(If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>	<p>Full Name of Registrant/Owner</p> <p><u>GEORGE SHIRAKAWA</u></p> <p>Residence Address (P.O. Box not acceptable)</p> <p><u>2609 Apollo Dr.</u></p> <p>City <u>SAN JOSE</u> State <u>CA</u> Zip <u>95121</u></p> <p>(If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>
<p>Full Name of Registrant/Owner</p> <p><u>ROSA Campos</u></p> <p>Residence Address (P.O. Box not acceptable)</p> <p><u>1209 ADRIAN WY</u></p> <p>City <u>SAN JOSE</u> State <u>CA</u> Zip <u>95122</u></p> <p>(If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>	<p>Full Name of Registrant/Owner</p> <p>_____</p> <p>Residence Address (P.O. Box not acceptable)</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>(If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>

4A This business is conducted by (PLEASE CHECK ONE ONLY)

☒ an individual ☐ husband & wife ☐ limited partnership ☐ general partnership

☐ corporation ☐ business trust ☒ copartners ☐ joint venture

☐ limited liability company ☐ limited liability partnership ☐ OTHER (please specify) _____

4B ☒ Registrant began transacting business under the fictitious business name or names listed here on (date) 7-27-04

☐ 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:

I declare that all information in this statement is true and correct
(A registrant who declares as true information which he or she knows to be false is guilty of a crime)

Signed X [Signature]

Print Full Name GEORGE SHIRAKAWA

5B. If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below

Entity Name _____

Officer Signature X _____

Print Name _____

and Title _____

ARTICLE/CERTIFICATION/REGISTRATION # _____

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 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.

6 ☒ First filing ☐ Refile within 40 days of expiration with no changes

7 ☐ Refile with changes (Publication Required)

☐ Refile after 40 days of expiration date (Publication Required)

Current File # _____

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Brenda Davis, County Clerk-Recorder

By _____ Deputy

A MAILING ADDRESS

NAME GEORGE M. SHIRAKAWA

ADDRESS 2609 Apollo Dr.

CITY/STATE/ZIP SAN JOSE, CA. 95121



File Date: **8/07/2002**
 Expires: **8/07/2007**
 Fee Total: **37.00**
 Clerk ID: **THO**

**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

<p>1 * Fictitious Business Name(s) (Use an ADDENDUM form for additional names) <u>GEORGE SHIRAKAWA FOR SCHOOL BOARD</u></p>	
<p>2 ** Principal Place of Business in California - Street Address (P.O. Box not acceptable): <u>2609 Apollo Dr.</u> City <u>SAN JOSE</u> State <u>CA.</u> Zip Code <u>95121</u></p>	
<p>3 *** Full Name of Registrant/Owner <u>GEORGE MICHAEL SHIRAKAWA</u> Residence Address (P.O. Box not acceptable) <u>2609 Apollo Dr.</u> City <u>SAN JOSE</u> State <u>CA</u> Zip <u>95121</u> (If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>	<p>Full Name of Registrant/Owner Residence Address (P.O. Box not acceptable) City State Zip (If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>
<p>Full Name of Registrant/Owner Residence Address (P.O. Box not acceptable) City State Zip (If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>	<p>Full Name of Registrant/Owner Residence Address (P.O. Box not acceptable) City State Zip (If a CORPORATION, LLC, LLP, or LP, show state of formation)</p>
<p>4A This business is conducted by (PLEASE CHECK ONE ONLY)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> an individual <input type="checkbox"/> corporation <input type="checkbox"/> business trust <input type="checkbox"/> copartners <input type="checkbox"/> joint venture <input type="checkbox"/> limited liability company <input type="checkbox"/> limited liability partnership </div> <div> <input type="checkbox"/> husband & wife <input type="checkbox"/> limited partnership <input type="checkbox"/> general partnership <input type="checkbox"/> an unincorporated association other than a partnership <input checked="" type="checkbox"/> OTHER (please specify) _____ </div> </div>	
<p>4B <input type="checkbox"/> Registrant began transacting business under the fictitious business name or names listed here on (date) _____ <input checked="" type="checkbox"/> Registrant has not yet begun to transact business under the fictitious business name or names listed herein</p>	
<p>5A REGISTRANT (other than a corporation) sign below</p> <p>I declare that all information in this statement is true and correct (A registrant who declares as true information which he or she knows to be false is guilty of a crime)</p> <p>Signed X <u>[Signature]</u> Print Full Name <u>GEORGE MICHAEL SHIRAKAWA</u></p>	<p>5B If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below</p> <p>Entity Name _____ Officer Signature X _____ Print Name _____ and Title _____ ARTICLE/CERTIFICATION/REGISTRATION # _____ FROM SECRETARY OF STATE'S OFFICE _____</p>

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)

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I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Brenda Davis, County Clerk-Recorder

- 6 ☒ First filing ☐ Refile within 40 days of expiration with no changes
- 7 ☐ Refile with changes (Publication Required)
☐ Refile after 40 days of expiration date (Publication Required)

By _____ Deputy

Current File # _____

READ INSTRUCTIONS ON REVERSE SIDE **BEFORE** COMPLETING THIS FORM

A MAILING ADDRESS:

NAME GEORGE SHIRAKAWA
 ADDRESS 2166 SHERLOCK DR.
 CITY / STATE / ZIP SAN JOSE CA 95121

B

FILED (County Clerk-Recorder's Filing Stamp)
 MAY 03 2001
 BRENDA D. [Signature] County Clerk-Recorder
 Santa Clara County
 By [Signature] Deputy

FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1.* Fictitious Business Name(s)
CITIZENS FOR MORE SCHOOLS IN FMSA.

2.** Principal Place of Business in California - Street Address (P.O. Box not acceptable):
2166 SHERLOCK DR. City SAN JOSE State CA Zip Code 95121

3.*** Full Name of Registrant <u>GEORGE M. SHIRAKAWA</u> Residence Address (P.O. Box not acceptable) <u>2609 APOLLO DR.</u> City <u>SAN JOSE</u> State <u>CA</u> Zip <u>95121</u> (If a CORPORATION, LLC, LLP, or LP, show state of incorporation)	Full Name of Registrant Residence Address (P.O. Box not acceptable) City State Zip (If a CORPORATION, LLC, LLP, or LP, show state of incorporation)
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Full Name of Registrant Residence Address (P.O. Box not acceptable) City State Zip (If a CORPORATION, LLC, LLP, or LP, show state of incorporation)	Full Name of Registrant Residence Address (P.O. Box not acceptable) City State Zip (If a CORPORATION, LLC, LLP, or LP, show state of incorporation)
--	--

4A. This business is conducted by (PLEASE CHECK ONE ONLY):
☐ an individual ☐ husband & wife ☐ a general partnership ☐ a limited partnership
☐ a corporation ☐ a business trust ☐ copartners ☐ joint venture ☒ an unincorporated association other than a partnership
☐ limited liability company Other (please specify) political

4B. ☐ 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.

5A. REGISTRANT (other than a corporation) sign below: Signed <u>[Signature]</u> Type Signature <u>GEORGE SHIRAKAWA</u>	5B. If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below: Corporation Name _____ Signature & Title _____ Type Officer _____ Name & Title _____ Article or Cert. # _____
--	---

This statement was filed with the County Clerk-Recorder of 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 fictitious business name in violation of the rights of another under federal, state or common law (see Section 14400 et seq., Business and Professions Code).

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.

6. ☒ First filing ☐ Refile, no changes
 7. ☐ Changes (requires publication)

Current Registration #: _____

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

 County Clerk-Recorder
 By _____ Deputy

File No. **- 393726**