

County of Sacramento

Department of Finance

Tax Collection and Licensing

Business License Unit

700 H Street, Room 1710, Sacramento, CA 95814

phone (916) 874-6644 • fax (916) 874-8909

www.finance.saccounty.net

Original Statement FILED with Sacramento County Clerk
FBNF2017-04114 SUCCESS REENTRY SOLUTIONS

COPY


FILED: 5/16/2017

Expires: 5/16/2022

FICTITIOUS BUSINESS NAME STATEMENT


BUSINESS AND PROFESSIONS CODE 17900 ET SEQ.

TYPE OR PRINT CLEARLY – MUST BE LEGIBLE. PLEASE READ INSTRUCTIONS ON REVERSE SIDE.
WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE.

1	Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB <u>not</u> acceptable)		County	
	9529 Big Timber Dr, Elk Grove, CA 95758		Sacramento	
2	Fictitious Business Name(s) to be Filed			
	(a) Success Reentry Solutions	(b) <small>(If more than 2 names, attach additional sheet)</small>		
3	Full Name/Residence Address of Business Owner(s) (P.O. Box or PMB <u>not</u> acceptable), or Corporation/LLC name and address as registered with Secretary of State (include State where incorporated)			
	Name and Street Address, City, State, Zip			
	(a) GAATES, Inc., 9529 Big Timber Dr, Elk Grove, CA 95758	(b) <small>(If more than 2 owners, attach additional sheet)</small>		
4	This business conducted by:			
	<input type="checkbox"/> an Individual	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Trust
	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Co-Partners	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> State or local Registered Domestic Partners
	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association (other than a partnership)
5	Date began using business name or date expected to begin: <u>5/01/2017</u> <small>(write "N/A" on the line above if you have not yet begun transacting business and the expected date is unknown)</small>			
6	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 \$1,000.00).			
	Signature: 	Title if Corporate Officer: <u>President / E.D.</u>		
	Print Name: <u>Mark T. Arsenault</u>	Business Phone No. <u>916-572-4475</u>		

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires five years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), 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 (section 14411 et seq., of the Business and Professions Code).

<p>\$37.00 For first business name and owner on statement \$ 5.00 For each additional business name on this statement \$ 5.00 For each additional business owner on this statement</p> <p>Make checks or money orders payable to Sacramento County</p>	<p>I hereby certify that this copy is a correct copy of the original Statement on file in my office.</p> <p>DONNA ALLRED, COUNTY CLERK</p> <p>BY:  Deputy County Clerk</p> <p><input type="checkbox"/> ID Checked</p>
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