Beacon Truck Stop

Fictitious name filed for my truck stop

	PUBLICATION NEEDED			
	Auditor/Controler-Necorder, County Clerk 2020 Work N BETMADDINO (909) 386-8970 or (909) 386-8969 (909) 386-8970 or (909) 386-8969		San Bernardino County Clerk	
A.	Please TYPE or PRINT legibly and firmly in BLACK ink. See reven side for filing and publishing instructions. The determination whether not publication is required by law is ENTRELY THE RESPONSIBILT OF THE REGISTRANT. Neither the County Clerk nor his deputie are permitted by law to give legal advice and/or assistance.	By Carla Minus		
FILING ABANDONMENT COUNTY CLERK'S FILING STAMP				
FICTITIOUS BUSINESS NAME STATEMENT THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:				
1	LIST FICTITIOUS BUSINESS NAME(S) BELOW: BEACON TIZUCK STOP			
2	Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable)		ate Zip Code	
		COLTAN G	4 92324	
	Mailing Address (Optional) SAME AS ABOVE	City St	ate Zip Code	
	(1) Full Name of Registrant (if a corp., LLC, etc., enter complete name and state of incorpo	pration/organization/registration):	State of incorporation/ organization/registration	
	Residence Street Address (Mailing address is NOT acceptable)		ate Zip Code	
3	(2) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorpo MINAS Corp CALIFORNIA	oration/organization/registration):	State of incorporation/ organization/registration CALIF.	
	Residence Street Address (Mailing address is NOT acceptable)	City St		
	(3) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorpo	CA	92324	
	(o) - on Name of Registrant (if a corp., LLC, etc., enter complete name and state of incorpo	ration/organization/registration):	State of incorporation/ organization/registration	
	Residence Street Address (Mailing address is NOT acceptable)	City Sta	ate Zip Code	
4	(CHECK ONE ONLY) This business is/was conducted by:			
			An Individual A Business Trust	
	An Unincorporated Association Other Than a Partnership Hu Other - please specify	sband & Wife 🛛 🗛	Joint Venture General Partnership	
5	(CHECK ONE ONLY) enter date ONLY if first box is checked			
5	The registrant commenced to transact business under the fictitious business name or names listed above on The registrant has not yet begun to transact business under the fictitious business name or names listed herein, date			
	BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THI A registrant who declares as true information, which he or she knows to be an also aware that all information on this statement becom	IS STATEMENT IS TRUE AN false, is guilty of a crime. (B&P nes Public Record upon filing.	D CORRECT. Code 17913)	
6.	Sign below, if registrant is an individual, husband, wife, co-partner, etc. (See instructions	on reverse for signature requireme	ants):	
6a	Print Name of RegistrantSignature:	Date	9-26-02	
6Ь	Sign below, if registrant is registered with the State as a corporation, LLC, LLP, LP, etc. (Se Print Name			
00	of Registrant: By Signature: Print Name of Print Title of	OUN	TY CLEAK	
THIS	Person Signing: Person Signing:	park OUN	TI AL	
NOTIC EXPIR OFFIC BUSIN THAT the use rights of	TATEMENT WAS FILED WITH THE COUNTY CLERK OF SAN BERNARDINO COUNT E - THIS FICTITIOUS BUSINESS NAME STATEMENT ES FIVE YEARS FROM THE DATE IT WAS FILED IN THE REFLEX OF THE COUNTY CLERK. A NEW FICTITIOUS ESS NAMES STATEMENT MUST BE FILED BEFORE IN this state of a follow business mane in videous of the a nonher under ideard, state, or common law (See Section I another under ideard).	MUNOFFICE.	CTHE FILE STAMP ABOVE	
4 06-	11136-123 Rev. 12/01 OCT 1 0	2002	NO COUNT	

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