

FILE # 2010076

TYPE OF FILING (Check one)

Original

New Filing  
[Change(s) in facts from previous filing]

Refile  
[No Change(s) in facts from previous filing]

Previous file # 05095

TELEPHONE # ( ) -

OFFICE OF THE MARIPOSA COUNTY CLERK

**FICTITIOUS BUSINESS NAME STATEMENT**

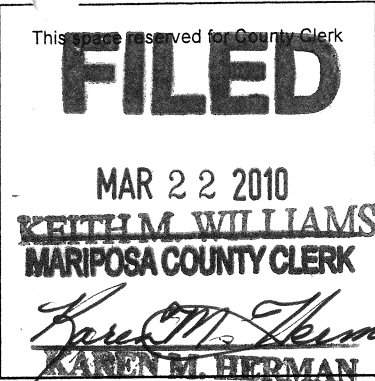
FILING FEE

\$30.00 FOR FIRST BUSINESS NAME ON STATEMENT

\$ 5.00 FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT AND DOING BUSINESS AT THE SAME LOCATION

\$ 5.00 FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

PUBLISH IN NEWSPAPER: MARIPOSA GAZETTE



\* The following person (persons) is (are) doing business as Deputy County Clerk  
Building Blocks Preschool and Family Resource Center -Lake Don Pedro

Print Fictitious Business Name(s)

\*\* 2421 Hidalgo Rd. | P.O. Box 966

Street address of principal place of business | Mailing address if different

LaGrange, CA 95329 | Mariposa, CA 95338

City State Zip COUNTY | City State Zip

\*\*\* REGISTERED OWNER(S):

1. First 5 Mariposa County 2. \_\_\_\_\_

Full Name | Full Name

5284 Hwy 49 N. Suite #2 | \_\_\_\_\_

Residence Address | Residence Address

Mariposa, CA 95338 | \_\_\_\_\_

City State Zip | City State Zip

If Corporation or LLC - Print State of Incorporation/Organization If Corporation or LLC - Print State of Incorporation/Organization and Number (Include copy of Articles with filing)

3. \_\_\_\_\_ 4. \_\_\_\_\_

Full Name | Full Name

Residence Address | Residence Address

City State Zip | City State Zip

If Corporation or LLC - Print State of Incorporation/Organization If Corporation or LLC - Print State of Incorporation/Organization and Number (Include copy of Articles with filing)

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

Husband and Wife  Joint Venture  State or Local Registered Domestic Partners  a Limited Liability Partnership

\*\*\*\*The registrant commenced to transact business under the fictitious business name or names listed above on \_\_\_\_\_ (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 information which he or she knows to be false is guilty of a crime.)

SIGNATURE OF REGISTRANT *Jane Hebard*

Print name of person signing. 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 MARIPOSA COUNTY 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.

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.

\_\_\_\_\_ COUNTY CLERK BY: \_\_\_\_\_ Deputy

FILE # 2010075

TYPE OF FILING (Check one)

Original

New Filing  
[Change(s) in facts from previous filing]

Refile  
[No Change(s) in facts from previous filing]

Previous file # 05095

TELEPHONE # ( ) -

OFFICE OF THE MARIPOSA COUNTY CLERK

**FICTITIOUS BUSINESS NAME STATEMENT**

**FILING FEE**

**\$30.00** FOR FIRST BUSINESS NAME ON STATEMENT

**\$ 5.00** FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT AND DOING BUSINESS AT THE SAME LOCATION

**\$ 5.00** FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

PUBLISH IN NEWSPAPER: MARIPOSA GAZETTE

This space reserved for County Clerk

**FILED**

MAR 22 2010

**KEITH M. WILLIAMS**  
MARIPOSA COUNTY CLERK

*Karen M. Herman*  
**KAREN M. HERMAN**  
Deputy County Clerk

The following person (persons) is (are) doing business as:

\* Building Blocks Preschool and Family Resource Center - Greeley Hill  
Print Fictitious Business Name(s)

\*\* 10333 Fiske Rd. | P.O. Box 966  
Street address of principal place of business | Mailing address if different

Coulterville, CA 95311 | Mariposa, CA 95338  
City State Zip COUNTY | City State Zip

\*\*\* REGISTERED OWNER(S):

1. First 5 Mariposa County | 2. \_\_\_\_\_  
Full Name | Full Name

5284 Hwy 49 N. Suite #2 | \_\_\_\_\_  
Residence Address | Residence Address

Mariposa, CA 95338 | \_\_\_\_\_  
City State Zip | City State Zip

If Corporation or LLC - Print State of Incorporation/Organization If Corporation or LLC - Print State of Incorporation/Organization and Number (Include copy of Articles with filing)

3. \_\_\_\_\_ | 4. \_\_\_\_\_  
Full Name | Full Name

\_\_\_\_\_  
Residence Address | Residence Address

\_\_\_\_\_  
City State Zip | City State Zip

If Corporation or LLC - Print State of Incorporation/Organization If Corporation or LLC - Print State of Incorporation/Organization and Number (Include copy of Articles with filing)

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

Husband and Wife  Joint Venture  State or Local Registered Domestic Partners  a Limited Liability Partnership

\*\*\*\*The registrant commenced to transact business under the fictitious business name or names listed above on \_\_\_\_\_  
(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 information which he or she knows to be false is guilty of a crime.)**

SIGNATURE OF REGISTRANT *Jeanne DeLand*

**Print name of person signing.** 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 MARIPOSA COUNTY 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.

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.

\_\_\_\_\_  
COUNTY CLERK BY: \_\_\_\_\_, Deputy