EXPIRATION DATE COLOCIO. TYPE OF FILING (Check one) Refile [No Chango(s) in facts from previous filing] Previous file # FOR OFFICIAL USE ONLY Agent Owner TYPE OF IDENTIFICATION PROVIDED: ORIVER'S LICENSE MILITARY ID ACK PASSPORT OTHER	\$30.00 FOR FIRST BUSINESS NA \$ 5.00 FOR EACH ADDITIONAL B STATEMENT AND DOING I LOCATION \$ 5.00 FOR EACH ADDITIONAL CO OWNER	S, CA S FEI ME O BUSINI DWNE	OF THE SAME INT E N STATEMENT ESS NAME FILED ON SAME IESS AT THE SAME R IN EXCESS OF ONE	Rebecca County 2020-Fl 06/01/2	ED of Calaveras Turner Clerk-Recorder BN-128
* CREATIVE COPPEROPOLIS	The following person (p	erso	ns) is (are) doing busines	s as.	<i>a</i> .
** 103 MAIN ST	Print Fict	litious (Business Name(s) 1103 MAIN ST		ByMail
Street address of principal prace	of business		COPPEROPOLIS	s if different	95228
COPPEROPOLIS CA 5	5228 CALAVERA	AS	City	State	Zip
*** REGISTERED OWNER(S): 1. CREATIVE COPPEROPOLIS Full Name- First Middle 103 MAIN ST Residence Address/Mailing Address	Last	2.	Full Name- First Mid- Residence Address/Mailing Addres	ile	Last
COPPEROPOLIS CA	95228			State	Zip
City State CA	Zip		City		
If Corporation or LLC - Print State of Incorporation	on/Organization		If Corporation or LLC - Print State	of Incorporation/Organiz	ation
3.		4.			Last
Full Name- First Middle	i,ast		Full Name- First Middl		LUGI
Residence Address/Mailing Address	and the second s		Residence Address/Mailing Addre	988	
City State	Zip		City	State	Zip
If Corporation or LLC - Print State of Incorporation	on/Organization		If Corporation or LLC - Print State	e of Incorporation/Organiz	ation
	RE THAN FOUR REGISTRANTS, ATTA	CH AD	DITIONAL SHEET SHOWING OW	NER INFORMATION	
**** THIS BUSINESS IS CONDUCTE	D BY: (Check one)				
☐ an Individual ☐ a G☐ an Unincorporated Association☐ a Married Couple ☐ Joint	eneral Partnership ☐ a Li other than a Partnership Venture ☐ State or Local	Regi	▲ a Corporation stered Domestic Partners A partn	05	npany □ Copartners iability Partnership /11/2020
***** The registrant commenced to transa	ct business under the fictitious bu	ısines	s name or names listed abo	ve on	started to transact business)
(A registrant who declares as true registrant knows to be false is g	eclare that all information any material matter pursual guilty of a misdemeanor pur	nt to	his statement is true Section 17913 of the Bi	and correct. usiness and Profe	essions Code that the
RICHARD VARRASSO DIRECT	TOP TO THE STATE OF THE STATE O				
Print full name of person signing. If o		ate t	itle of officer. If LLC, als	o print title of office	cer or manager.
This statement was filed with the County Clerk of CALF NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEP THE STATEMENT PURSUANT TO SECTION 17913 OTHE FILED BEFORE THE EXPIRATION.	VERAS COUNTY on the date indicated I SECTION 17920, A FICTITIOUS NAME STA	by the	filed stamp in the upper right corne NT GENERALLY EXPIRES AT THE I	r. END OF FIVE YEARS FRO MAYS AFTER ANY CHANGI	M THE DATE ON WHICH IT WAS
THE FILING OF THIS STATEMENT DOES NOT OF ITSELSTATE, OR COMMON LAW (SEE SECTION 14411 ET SE	F AUTHORIZE THE USE IN THIS STATE O Q., BUSINESS AND PROFESSIONS CODE	F A FIG	CTITIOUS BUSINESS NAME IN VIOL	ATION OF THE RIGHTS O	F ANOTHER UNDER FEDERAL
IF SUBMITTING THE STATEMENT IN PERS FICTITIOUS BUSINESS NAME FILINGS.	ON, THE REGISTRANT OF AG		WILL BE ASKED TO PRES	ENT A VALID PHOT	O I.D. FOR ALL THE
OF THE ORIGINAL STATEMENT OF	I FILE IN MY OFFICE.		X) I dill (Donutu
REBECCA TURNER, COUNTY CLE	RK-RECORDER	BY:	TELEVILLE !	aw	, Deputy

Rev.11/1/2017