

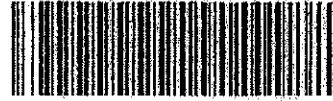


San Bernardino County  
Recorder - Clerk  
222 W. Hospitality Lane, 1st Floor  
San Bernardino CA 92415-0022  
855 REC-CLRK  
www.sbcounty.gov/arc

**DENNIS DRAEGER**  
ASSESSOR - RECORDER - CLERK

Doc#: 20120007695

DocType: FBN



Pages: 5

Fees: \$40.00

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302 57626

PUBLICATION IS REQUIRED  
IF FIRST TIME FILING, REFILING  
WITH CHANGES, OR FILING EXPIRED

**FILING** **FICTITIOUS BUSINESS NAME STATEMENT**

**ABANDONMENT:** County of Original Filing \_\_\_\_\_ Date of Original Filing \_\_\_\_\_ File No. \_\_\_\_\_

Fee \$40.00 includes up to one partner (please make check payable to "County Clerk")  
\$10.00 ea. additional FBN name filed on same statement and operating at same location  
\$10.00 ea. additional partner \$10.00 ea. additional partner

Please TYPE or PRINT legibly and firmly in DARK ink (no alterations). See reverse side for filing and publishing instructions. The determination whether or not publication is required by law is ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1	LIST FICTITIOUS BUSINESS NAME BELOW (list any additional business names or additional form)	County of Principal Place of Business		
	<u>Friends of the Big Bear Alpine Zoo</u>	<u>San Bernardino</u>		
	Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable)	City	State	Zip Code
2	<u># 42001 Big Bear BL</u>	<u>Big Bear Lake</u>	<u>CA</u>	<u>92315</u>
	Mailing Address (Optional)	City	State	Zip Code
	<u>PO Box 2557</u>	<u>Big Bear City</u>	<u>CA</u>	<u>92314</u>
	(1) Name of Individual Registrant (First name)	(Middle initial only)	(Last name)	
	(1) Name of corporation or limited liability company as set out in the Articles of Inc./Org./Reg.	State of Inc./Org./Reg.	Inc./Org./Reg. No.	
	<u>Friends of the Moorridge Zoo</u>	<u>CA</u>	<u>1635859</u>	
	Residence Street Address (Mailing address is NOT acceptable)	City	State	Zip Code
3	<u>PO BOX 2557</u>	<u>Big Bear City</u>	<u>CA</u>	<u>92314</u>
	(2) Name of Individual Registrant (First name)	(Middle initial only)	(Last name)	
	(2) Name of corporation or limited liability company as set out in the Articles of Inc./Org./Reg.	State of Inc./Org./Reg.	Inc./Org./Reg. No.	
	Residence Street Address (Mailing address is NOT acceptable)	City	State	Zip Code

**List any additional names on additional form**

(CHECK ONE ONLY) This business is/was conducted by (if corporation or limited liability company, registrant must include copy of "Articles of Incorporation", "Articles of Organization" or "Articles of Registration"):

<input type="checkbox"/> An Individual	<input type="checkbox"/> A Limited Liability Partnership	<input type="checkbox"/> Husband & Wife
<input type="checkbox"/> A General Partnership	<input type="checkbox"/> An Unincorporated Assoc. Other Than a Partnership	<input type="checkbox"/> State or Local Registered Domestic Partners
<input type="checkbox"/> A Limited Partnership	<input checked="" type="checkbox"/> A Corporation (include "Articles of Incorporation")	<input type="checkbox"/> A Joint Venture
<input type="checkbox"/> A Limited Liability Company	<input type="checkbox"/> Copartners	<input type="checkbox"/> A Trust

(CHECK ONE ONLY) enter date ONLY if first box is checked:

Registrant commenced to transact business under the fictitious business name or names listed above on (do not enter a future date)

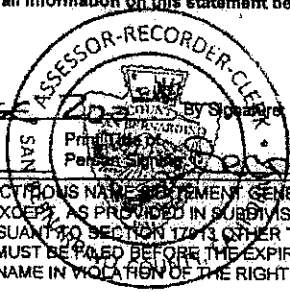
Registrant has not yet begun to transact business under the fictitious business name or names listed herein. Month Day Year

BY SIGNING BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE REVERSE SIDE OF THIS FORM AND 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. (B&P Code 17913) I am also aware that all information on this statement becomes public record upon filing pursuant to the California Public Records Act (Government Code Sections 6250-6277).

6 Sign below (see instructions on reverse for signature requirements):

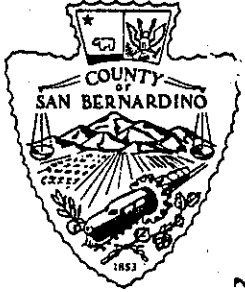
Print Name (as appears on this statement) of Registrant: Friends of the Moorridge Zoo By Signature: Carol Surack

Printed Name of Person Signing: Carol Surack Date: 7-16-12



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

JUL 20 2012



Larry Walker

Auditor/Controller-Recorder, County Clerk  
222 West Hospitality Lane  
San Bernardino, CA 92415-0022  
(909) 386-8970 or (909) 386-8969

PUBLICATION PERIOD: 30 DAYS

FILED-  
San Bernardino County Clerk

MAR 20 2002

By *Carla Mema*  
Deputy

COUNTY CLERK'S FILING STAMP

866-0630

FILING  ABANDONMENT

### FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1	LIST FICTITIOUS BUSINESS NAME(S) BELOW: ① Living Forest Wildlife Center; ② Forest Wildlife Center; ③ Living Forest Wildlife Park; ④ Moonridge Animal Park; ⑤ Big Bear Zoo		
2	Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable)	City	State Zip Code
	Mailing Address (Optional)	City	State Zip Code
3	(1) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration):	State of incorporation/organization/registration	
	Residence Street Address (Mailing address is NOT acceptable)	City	State Zip Code
	(2) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration):	State of incorporation/organization/registration	
3	Residence Street Address (Mailing address is NOT acceptable)	City	State Zip Code
	(3) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration):	State of incorporation/organization/registration	
3	Residence Street Address (Mailing address is NOT acceptable)	City	State Zip Code

4 (CHECK ONE ONLY) This business is/was conducted by:

<input type="checkbox"/> A Limited Partnership	<input checked="" type="checkbox"/> Non-Profit A Corporation	<input type="checkbox"/> An Individual
<input type="checkbox"/> A Limited Liability Company	<input type="checkbox"/> Copartners	<input type="checkbox"/> A Business Trust
<input type="checkbox"/> An Unincorporated Association Other Than a Partnership	<input type="checkbox"/> Husband & Wife	<input type="checkbox"/> A Joint Venture
<input type="checkbox"/> Other - please specify _____		<input type="checkbox"/> A General Partnership

5 (CHECK ONE ONLY) enter date ONLY if first box is checked

The registrant commenced to transact business under the fictitious business name or names listed above on 7-1-01 or before 7-1-01 date

The registrant has not yet begun to transact business under the fictitious business name or names listed herein.

BY SIGNING 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. (B&P Code 17913)  
I am also aware that all information on this statement becomes Public Record upon filing.

6a Sign below, if registrant is an individual, husband, wife, co-partner, etc. (See instructions on reverse for signature requirements):

Print Name of Registrant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6b Sign below, if registrant is registered with the State as a corporation, LLC, LLP, LP, etc. (See instructions on reverse for signature requirements):

Print Name of Registrant: *Friends of the Moonridge Zoo* By Signature: *Susan E Amerson*

Print Name of Person Signing: *SUSAN E AMERSON* Print Title of Person Signing: *FIRST VICE PRES.* Date: \_\_\_\_\_

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF SAN BERNARDINO COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE.

NOTICE - THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAMES 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., Bus. & Prof. Code).

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.  
LARRY WALKER, County Clerk  
By: *Carla Mema*  
File Number: *2002-03578*

