



PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

Mail To: P.O. Box 751, Riverside, CA 92502-0751 -- (951) 486-7000

OFFICE OF THE COUNTY CLERK

FICTITIOUS BUSINESS NAME STATEMENT SEE REVERSE SIDE FOR FEES AND INSTRUCTIONS		COUNTY CLERK'S FILING STAMP FILED County of Riverside Peter Aldana Assessor-County Clerk-Recorder R-202300029 01/03/2023 12:42 PM Fee: \$68.00 Page 1 of 2	
- USE BLACK INK ONLY - MUST BE TYPED OR PRINTED INITIAL CROSS OUTS NO WHITE OUT ALLOWED		CLERK'S USE ONLY \$ _____ # <u>23-789</u> Fee Receipt Comments _____	
THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:			
1a. Fictitious Business Name (If more than one business name at same address - Attach Supplemental Sheet) HIGHGROVE HAPPENINGS NEWSPAPER			
1b. List COMPLETE Physical Business Address (No P.O. Boxes or Postal Facilities) 22797 BARTON RD, GRAND TERRACE, CA 92313 Mailing Address (If different than business address - optional)		1c. Name of County (where business is located) SAN BERNARDINO	
2a. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.) R MEDIA GROUP INC. If individual-spell out first, middle and last names (use dash if no middle name) 22797 BARTON RD Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC) GRAND TERRACE CA 92313 City State Zip List State of Corp./LLC. Must be registered in California <u>CA</u>		2b. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.) If individual-spell out first, middle and last names (use dash if no middle name) Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC) City State Zip List State of Corp./LLC. Must be registered in California _____	
2c. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.) If individual-spell out first, middle and last names (use dash if no middle name) Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC) City State Zip List State of Corp./LLC. Must be registered in California _____		2d. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.) If individual-spell out first, middle and last names (use dash if no middle name) Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC) City State Zip List State of Corp./LLC. Must be registered in California _____	
3. This business is conducted by: (If More Than four Registrants - Attach Additional Sheet Showing Owner Information) <input type="checkbox"/> Individual <input type="checkbox"/> Married Couple <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> A Limited Partnership <input type="checkbox"/> Co-partners <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> An Unincorporated Association - other than a partnership <input type="checkbox"/> State or Local Registered Domestic Partnership			
4. <input checked="" type="checkbox"/> Registrant has not yet begun to transact business under the fictitious name(s) listed above. <input type="checkbox"/> Registrant commenced to transact business under the fictitious business name(s) listed above on _____			
I declare that all the 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 one thousand dollars (\$1,000).)			
5. Signature(s) <u>MARGARET LUCILLE MILLER</u> (Only one is required) Typed or Printed Name(s) <u>MARGARET LUCILLE MILLER</u> If Limited Liability Company/Corporation, Title <u>PRESIDENT</u> QC'D BY: <u>MLM</u>			
THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF RIVERSIDE COUNTY ON DATE INDICATED BY FILE STAMP ABOVE			
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 THIS 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 FEDERAL, STATE OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONAL CODE).		I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. PETER ALDANA RIVERSIDE COUNTY CLERK By <u>[Signature]</u> , Deputy	

**FICTITIOUS BUSINESS NAME
ADDITIONAL INFORMATION**
(Business & Registrant names)

FBN/ABANDONMENT

FBN FILE NUMBER: R-202300029

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

FILED

County of Riverside

Peter Aldana

Assessor-County Clerk-Recorder

R-202300029

01/03/2023 12:42 PM Fee: \$68.00

ADDITIONAL BUSINESS NAME(S)

(1) HIGHGROVE HAPPENING NEWSPAPER

(2) _____

(3) _____

(4) _____

(5) _____

ADDITIONAL REGISTRANT NAME(S)

Name of Registrant – First, Middle and Last for individual or name of Corp./LLC

Residence Address (if Corp. or LLC enter the physical address of Corp./LLC)

City State Zip

If Corp., or LLC, then identify state of incorporation or organization (must be registered in CA).

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**I HEREBY CERTIFY THAT THIS IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE
IN MY OFFICE.**

By _____, Deputy

PETER ALDANA
Assessor, County Clerk, Recorder
County of Riverside