

MAIL FILED DOCUMENTS TO:

CONFIRMATION NUMBER:

NAME **A&M RESEARCH, INC.**

ICHG373532509

ADDRESS **1400 W LAMBERT RD #D**CITY/ST/ZIP **BREA, CA 92821**

THESE FEES APPLY AT THE TIME OF FILING
(Provide a self-addressed, stamped envelope, if mailed)

Filing fee \$23.00 for one business name
\$7.00 for each additional business name
\$7.00 for each additional partner after two



HUGH NGUYEN
CLERK - RECORDER
601 N. Ross Street
POST OFFICE BOX 238
Santa Ana, CA 92701

THIS STATEMENT WAS FILED
WITH THE COUNTY CLERK-RECORDER
ON THE DATE INDICATED BY
FILESTAMP ABOVE

FICTITIOUS BUSINESS NAME STATEMENT

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

1.	FICTITIOUS BUSINESS NAME(S) FORTE MEDI LAB		BUSINESS PHONE NO. 714 987-3131 (Optional)	
1A.	<input type="checkbox"/> New Statement <input type="checkbox"/> Refile List previous No. 20206584123 <input checked="" type="checkbox"/> Change			
2.	STREET ADDRESS, CITY & STATE OF PRINCIPAL PLACE OF BUSINESS (DO NOT USE P.O. BOX OR P.M.B.) 1400 W LAMBERT RD #D		CITY BREA	STATE ZIP CODE COUNTY CA 92821 Orange
3.	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME) A&M RESEARCH, INC.		If Corporation / LLC State of Incorporation or organization CA	
	RES. / CORP. ADDRESS (DO NOT USE A P.O. BOX OR P.M.B.) 1400 W. LAMBERT ROAD #D		CITY BREA	STATE ZIP CODE CA 92821
	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
	RES. / CORP. ADDRESS (DO NOT USE A P.O. BOX OR P.M.B.)		CITY	STATE ZIP CODE
	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
	RES. / CORP. ADDRESS (DO NOT USE A P.O. BOX OR P.M.B.)		CITY	STATE ZIP CODE
4.	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> HAVE YOU STARTED DOING BUSINESS YET? <input checked="" type="checkbox"/> Yes Insert Date: 06/01/2015 <input type="checkbox"/> No </div> <div style="width: 65%;"> <p><small>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.</small></p> <p><small>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).</small></p> </div> </div>			
5.	THIS BUSINESS IS CONDUCTED BY: (Check One Only) <input type="checkbox"/> A Trust <input type="checkbox"/> A State Or Local Registered Domestic Partnership <input type="checkbox"/> An Individual <input checked="" type="checkbox"/> A Corporation <input type="checkbox"/> A General Partnership <input type="checkbox"/> A Limited Partnership <input type="checkbox"/> An Unincorporated Association <input type="checkbox"/> A Limited Liability Partnership <input type="checkbox"/> Copartners <input type="checkbox"/> A Married Couple <input type="checkbox"/> A Joint Venture <input type="checkbox"/> A Limited Liability Company			

I declare that all 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).)

REGISTRANT(S) NAME A&M RESEARCH, INC. EUN HUI PARK CHIEF EXECUTIVE OFFICER
(Type or Print Name) Print Name and Title of Office/Manager or General Partner

REGISTRANT(S) SIGNATURE _____

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

FICTITIOUS BUSINESS NAME STATEMENT