

**IMPORTANT: DO NOT COMPLETE AND MAIL YOUR FFN UNTIL YOU READ THE FOLLOWING.**

To avoid **delays** in processing or **rejection** of your FFN, you must:

- Complete the **CORRECT** form
  - *If registered with the Nevada Secretary of State as a SERIES LLC, you must use our Series LLC FFN form and list the registered business as the LLC Authorizing Creation of Series.*
- **REVIEW** the form for correct spelling
  - *Did you cross anything out or use white out? If you did, complete a new form as we cannot accept it.*
- **SIGN** the form
  - *If more than one individual is signing the form as owners, all individuals must be listed on the owner line.*
- **NOTARIZE** the form (signed and stamped by a notary public)
  - *Ensure the Notary Public completes each line with the correct information.*
  - *If the Notary Public is using a jurat, the jurat must state what document is being notarized.*
  - *If an electronic notary is not commissioned in Nevada, additional information must be provided on how we can verify the notarization.*
- Submit the **ORIGINAL** form (copies not accepted)
- Include the correct **PAYMENT** (\$25 per filing or \$20 per termination)

**\* If you have any questions, call (702) 671-0600 before mailing your form \***



Office of the Clark County Clerk  
Lynn Marie Goya

Please Select One:

- New Application
- Renewal of existing Fictitious Firm Name

## Certificate of Business: Fictitious Firm Name

Please Print or Type

*The expiration date for such certificates shall expire after five years from the date of filing.*

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

**Fictitious Firm Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Mailing Address for notification of renewal)                      Mailing Address                      City, State, Zip

**Owner (Sole Proprietor or Registered Legal Entity):** \_\_\_\_\_  
(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: \_\_\_\_\_  
Full Name of Authorized Signer                      Signature                      Date

\_\_\_\_\_ Street Address of Business or Residence                      City, State, Zip

Signed By: \_\_\_\_\_  
(Use if needed) Full Name of Authorized Signer                      Signature                      Date

\_\_\_\_\_ Street Address of Business or Residence                      City, State, Zip

**By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.**

*For additional signatures, please use additional pages*

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS:

This instrument was acknowledged before me on \_\_\_\_\_  
(Date)

by \_\_\_\_\_  
(Name of individual(s) whose signature(s) is/are being notarized)

\_\_\_\_\_  
Signature of Notary Public/Deputy Clerk