

IMPORTANT: BEFORE MAILING OR BRINGING YOUR FORM IN PERSON, PLEASE READ THE FOLLOWING

Please be aware that according to state law (NRS 239.330), any person who knowingly procures or offers any false or forged instrument to be filed, registered or recorded in any public office, which instrument, if genuine, might be filed, registered or recorded in a public office under any law of this State or of the United States, is guilty of a category C felony.

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

- Complete the **CORRECT** form
 - Make sure you fill out the correct form based on your entity type (how you are registered with the Nevada Secretary of State).
 - 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
 - Make sure to obtain all signatures on the form for authorized signers, trustees, or partners.
 - For registered entities, signers must be listed on the Nevada Secretary of State website.
- Submit the **ORIGINAL** form (copies are not accepted)
 - By Mail:
Clark County Clerk's Office
Attn: FFN
Box 551604
Las Vegas, NV 89155-1604
 - In Person:
Check our website for current locations and hours at www.weddings.vegas
- Include the correct **PAYMENT**
 - \$25 to file a new or renewal FFN
 - \$20 per termination
 - No fee to update mailing address and contact information

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



***Certificate of Assumed or Fictitious Name
Termination***

*Office of the Clark County Clerk
Lynn Marie Goya*

NOTE: TO ENSURE THE CORRECT CERTIFICATE IS TERMINATED IN OUR SYSTEM, YOU MUST INCLUDE A COPY OF THE ACTIVE FILED CERTIFICATE FOR THIS BUSINESS. THE CERTIFICATE MUST INCLUDE THE NAME OF THE AUTHORIZED SIGNER WHO COMPLETED THIS TERMINATION REQUEST.

ALL FIELDS REQUIRED UNLESS OTHERWISE STATED

Assumed or Fictitious Name: _____

Original Certificate File Number: _____

Termination Date Effective On: _____

Business Contact Phone Number: _____

Business Contact Email Address: _____

Name of Authorized Signer: _____

Signature: _____ **Date:** _____

BY SIGNING ABOVE, THE SIGNER(S) DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT.