County of Sacramento

Department of Finance Tax Collection and

Original Statement FILED with Sacramento County Clerk FBNF2021-05514 LINK INTERACTIVE, MOUNTAIN

Business License Unit

700 H Street, Room 1710, Sacramento, CA 95814 Phone (916) 874-6644 • fax (916) 874-8909 • www.finance.saccounty.ne

FILED: 6/9/2021

Expires: 6/9/2026

FICTITIOUS BUSINES

THIS IS NOT A BUSINESS LICENSE

TYPE OR PRINT CLEARLY - MUST BE LEGIBLE

INSTRUCTIONS ON REVERSE

WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE. ALL INFORMATION IS PUBLIC RECORD					
1	Street Address, City, S	State, Zip of Principal Plac	e of Business. (P.O. Box or F	MB <u>not</u> acceptable)	County
	4155 Harrison Blvd Ogden, UT 84403				Weber
2	Fictitious Business Name(s) to be Filed (Section 17900 B & P Code)				
	(a) (b)				
	ink Interactive Mountain Alarm (If more than 2 names, attach additional sheet)				
3	Full Name & Complete Residence Address of Each Business Owner (P.O. Box or PMB not acceptable),				
	OR if a Corporation/LLC,				
	Corporation/LLC name and address as registered with Secretary of State (include State where incorporated)				
	Full Name (a)	9	Street Address	<u>City</u> <u>State</u>	<u>Zip</u>
	Fire Proteciton Service Corporation 4155 Harrison Blvd Ogden, UT 84403 Incorporated In UT				
	(b)				
	(If more than 2 owners, attac	h additional sheet)			
4	This business conducted by:				
	an Individual	☐ General Partnership	☐ Limited Partnership	☐ Trust	
	☐ Married Couple	☐ Co-Partners	☐ Limited Liability Company	☐ State or local Re	gistered Domestic Partners
	Corporation	☐ Joint Venture	☐ Limited Liability Partnership	☐ Unincorporated A	Association (other than a partnership)
5	Date began using b	ousiness name 1/1/20	15 (write "		Association (other than a partnership) egun conducting business)
5	Date began using b	ousiness name 1/1/20			
5	Date began using to Describe the type of I declare that all info	ousiness name 1/1/20 of Activities/Business	15 (write " Burglar Alarm Company	N/A" if you have not yet b	
	Date began using to be false is guilty of	ousiness name 1/1/20 of Activities/Business	15 (write "Burglar Alarm Company t is true and correct. (A regi	N/A" if you have not yet b	regun conducting business) true information which they know
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	Date began using to Describe the type of I declare that all infort to be false is guilty of Signed Compared Name Eric Gallf a Corporation, Limithe following must all	ousiness name 1/1/20 of Activities/Business rmation in this statemen f a crime.) earner ited Liability Company (I lso be completed: e Fire Protection Service	15 (write "Burglar Alarm Company It is true and correct. (A region (ORIGINAL/WET Phone Number 801-39) LLC), Limited Partnership (Lee Corporation	N/A" if you have not yet bestrant who declares as SIGNATURE REC	regun conducting business) true information which they know QUIRED)
6	Date began using to Describe the type of I declare that all infort to be false is guilty of Signed Printed Name Eric Gall If a Corporation, Limithe following must all Corporation/LLC Name Officer Title Of Signer	ousiness name 1/1/20 of Activities/Business rmation in this statemen f a crime.) arner ited Liability Company (I lso be completed: Fire Protection Service CEO/President	Burglar Alarm Company t is true and correct. (A regi (ORIGINAL/WET Phone Number 801-39 LLC), Limited Partnership (Lee Corporation (For a limited partnership)	N/A" if you have not yet best of acceptable Officer Titles	regun conducting business) true information which they know QUIRED) Partnership (LLP), s please see instructions (6b) on reverse)
6 In a	Date began using to Describe the type of I declare that all inforts to be false is guilty of Signed Eric Galler Printed Name Eric Galler If a Corporation, Limit the following must all Corporation/LLC Name Officer Title Of Signer occordance with Section 17900 (provided in Section 17920)	ousiness name 1/1/20 of Activities/Business rmation in this statemen f a crime.) arner ited Liability Company (I lso be completed: EFITE Protection Service CEO/President 920 (a), a Fictitious Business (b), where it expires 40 days a	Burglar Alarm Company t is true and correct. (A regi (ORIGINAL/WET Phone Number 801-39 LLC), Limited Partnership (Lee Corporation (For a limited Statement generally expire)	N/A" if you have not yet be strant who declares as SIGNATURE REC 95-8700 P) or Limited Liability For the statement pursuant of the statement pursuant in the statement pursuant in the statement in t	regun conducting business) true information which they know QUIRED) Partnership (LLP), s please see instructions (6b) on reverse) was filed with the County Clerk, except not to Section 17913 other than a change

or common law (Section 14411 et seq., of the Business and Professions Code).



I hereby certify that this copy is a correct copy of the original Statement on file in my office.

DONNA, ALLRED, COUNTY CLERK

Deputy County Clerk

ID Checked

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