

This form is used by a general partnership to file an assumed or fictitious name under which business will be conducted in Clark County, Nevada. A general partnership is a type of business that is owned by two or more persons (natural and/or artificial). THIS FORM MUST BE COMPLETED BY EACH OWNER (PARTNER) AND SUBMITTED TOGETHER AT THE TIME OF FILING.

Assumed or Fictitious Name			
Owner Name:			ed or intends to be) for artificial person
Full Name (first mic	ldle last) for natural person, or Busin	ness Entity name (as register	ed or intends to be) for artificial person
What type of person is this o	wner? Natural Person	ı (Individual) 🔲 🛭	Artificial Person (Business Entity
usiness Contact:			
Phone Number	r Email.	Address	
Mailing Address:			
Mailing Address: Street Address			Unit/Apt/Suite/Bldg
☐ Select if above mo	Address: (Required if ow	ner type selected abo	Country For this filing should be sent eve is Natural Person and street
☐ Select if above ma Residence or Business Street	ailing address is where the Address: (Required if ow	Notice of Renewal f	for this filing should be sent
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•	Address: (Required if owng address provided above	PNotice of Renewal former type selected about	ove is Natural Person and street Unit/Apt/Suite/Bldg
□ Select if above more Residence or Business Street address is different from mailing treet Address Sity Print Authorized Signer Name	Address: (Required if owng address provided above	ner type selected about Zip Gauthorized signer ONLY if t	For this filing should be sent Eve is Natural Person and street Unit/Apt/Suite/Bldg Country This owner is an artificial person

BY SIGNING ABOVE, EACH SIGNER DECLARES UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT. ON EVERY CHANGE IN THE PARTNERS, A NEW CERTIFICATE MUST BE FILED WITH THE COUNTY CLERK WITHIN ONE MONTH AFTER SUCH CHANGE. A FILED CERTIFICATE FOR AN ASSUMED OR FICTITIOUS NAME UNDER WHICH A BUSINESS IS BEING CONDUCTED IN CLARK COUNTY, NEVADA, IS VALID FOR FIVE (5) YEARS FROM THE FILING DATE.

Office use only – v7.27.23

IMPORTANT: BEFORE MAILING OR BRINGING THIS 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:

- o For a single natural person (or spouses who jointly own and conduct the business but are not forming a partnership), you must use our **Sole Proprietorship** form.
- For a domestic or foreign-qualified corporation, limited-liability company, limited partnership, limited-liability partnership, and limited-liability limited partnership, you must use our Registered Business Entity form.
- o For a partnership between two or more natural and/or artificial persons (excluding those listed that require the Registered Business Entity form), you must use our **General Partnership** form and complete a separate form for every owner in the partnership.
- o For a business trust or family trust, you must use our **Trust** form and complete a separate form for <u>every</u> trustee in the trust. A copy of the trust <u>must</u> also be provided listing all trustees for verification or the form will be rejected.
- o For a Series LLC created by a parent limited-liability company (or authorizing LLC), you must use our **Series LLC** form.

REVIEW the form:

- o Ensure all required information is provided and spelled correctly.
- o If you make a mistake, do not cross anything out or use correction fluid or tape you must complete a new form.

> **SIGN** the form:

- o Make sure to obtain all signatures required for the form used.
- o For registered business entities, we must be able to verify authorized signers through business entity registration with the state of Nevada or with official business formation documentation at the time of filing. If this is unclear, please call our office before attempting to file the form.
- > Submit the **ORIGINAL** form (copies are not accepted):

o By Mail: Clark County Clerk's Office

Attn: FFN Box 551604

Las Vegas, NV 89155-1604

o In person at one of our locations. Check the **Contact Us** page on our website https://weddings.vegas/ for current locations and hours.

➤ Include the correct **PAYMENT**:

- o \$25 to file a New or Renewal FFN form
- o \$20 to file a Termination form
- o No fee to file a Mailing Address and Contact Update form
- o Checks and money orders should be made payable to County Clerk