

State of California
County of Los Angeles

Term of Registration: 2 years

CERTIFICATE OF REGISTRATION AS A PROCESS SERVER

California Business & Professions Code Sections 22350, 22351(a), et seq.

The undersigned declares that:

(Name of Corporation or Partnership)

Is: () a _____ corporation () a partnership at _____.
(State of Incorporation)

Registration in **Los Angeles** County is proper because my principal place of business is located in this County.

If corporation or partnership, have you been organized and in existence continuously for at least one year immediately preceding the filing of this certificate? Or, has a responsible managing employee, partner or officer been previously registered under this chapter?	() YES	() NO
If corporation or partnership, have any officers or general partners ever been convicted of a felony? If yes, attach a copy of a certificate of rehabilitation, expungement or pardon.	() YES	() NO
All applicable officers or general partners will perform his/her/its duties as a process server in compliance with the provision of law governing the service of process in the State of California.	() YES	() NO

() This is page 1 of ____ attached pages of additional partners or corporate officers.

Each of the undersigned declare(s) under penalty of perjury under the laws of the State of California that the foregoing is true and correct except for the personal information contained herein; and, as to that personal information, each declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct only to the extent that it applies to him/her.

1. Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____

2. Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____

3. Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____

4. Name: _____ Age: _____ Phone: _____
Dated: _____ Signature: _____

For Official Use Only:	Expiration Date: _____
Permanent ID card mailed: _____	Registration # _____

ADDITIONAL CORPORATE OFFICERS/GENERAL PARTNERS

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____

Name: _____ Age: _____ Phone: _____

Dated: _____ Signature: _____