



02 1889021

RECORDED/FILED IN OFFICIAL RECORDS
RECORDER'S OFFICE
LOS ANGELES COUNTY
CALIFORNIA
4:01 PM AUG 12 2002

SPACE ABOVE THIS LINE FOR RECORDERS USE



TITLE(S)

Fictitious Name Statement

FEE

FEE \$ 10 KSE

D.T.T.

CODE

20

CODE

19

CODE

9__

Assessor's Identification Number (AIN)

To Be Completed By Examiner OR Title Company In Black Ink

Number of Parcels Shown



THIS FORM IS NOT TO BE DUPLICATED

Name: CLIFFORD R. KOTTENBOROUGH
Address: 6004 N. WALNUT GROVE AVE.
City: SAN GABRIEL, CA 91775

02 1889021

1 First Filing Renewal Filing

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (Attach additional pages if required)

2 Fictitious Business Name(s) 3.
1. WWETC
2. Articles of Incorporation or Organization Number (if applicable)
AI #/ON

3 Street Address & City of Principal Place of Business in California (P.O. Box alone not acceptable) Zip Code
199 W. LAS TUNAS AVE - #6, SAN GABRIEL, CA 91778

4 Full name of Registrant (if corporation - incorporated in what state)
CLIFFORD R. KOTTENBOROUGH
Residence Street Address City State Zip Code
6004 N. WALNUT GROVE AVE. SAN GABRIEL, CA 91775

4A Full name of Registrant (if corporation - incorporated in what state)
Residence Street Address City State Zip Code

4B Full name of Registrant (if corporation - incorporated in what state)
Residence Street Address City State Zip Code

5 This Business is conducted by: (check one only)
() an individual () a general partnership () joint venture () a business trust
() co-partners () husband and wife () a corporation () a limited partnership
() an unincorporated association other than a partnership () a limited liability company

6 () The registrant commenced to transact business under the fictitious business name or names listed on (Date): 8/11/02
() Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

7 I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

8 Signature of Registrant(s) 8A If Registrant IS a CORPORATION, sign below
Signature type/print name Corporation or Company Name
Signature type/print name Signature
Signature type/print name Title
Signature type/print name Type or Print Name

This statement was filed with the County Clerk of LOS ANGELES County on date indicated by file stamp above.

NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THAT DATE. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Business and Professions Code)

This is a true and certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder/County Clerk

AUG 12 2002

Craig B. McCreath REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA



-NOTICE-

**PUBLICATION OF FICTITIOUS BUSINESS
NAME STATEMENTS**

State law requires that within 30 days after a Fictitious Business Name Statement has been filed, the registrant shall publish a copy of the statement in a newspaper of general circulation in the county in which the principal place of business is located.

There are approximately 50 newspapers in Los Angeles County that provide this service. They can be found in the yellow pages of the telephone directory, under the heading "newspapers." The publishing fees of individual newspapers vary.

The newspapers offering publication services in this facility are private businesses, unaffiliated with the County of Los Angeles. The County of Los Angeles neither endorses nor recommends any publication service.

LOS ANGELES COUNTY RECORDER'S OFFICE
P.O. BOX 115, LOS ANGELES, CA 90053-0115

RECORDING RECEIPT

AUG 12 2002

RECORD ON _____

2 1889021 TO _____ INCL.

REGISTRAR-RECORDER/COUNTY CLERK

BY 2007 71 004
DEPUTY

TOTAL \$ _____