

TOM DALY
 CLERK-RECORDER
 12 CIVIC CENTER PLAZA, ROOM 106
 POST OFFICE BOX 238
 SANTA ANA, CA 92702-0238



FICTITIOUS BUSINESS NAME STATEMENT
 TYPE ALL INFORMATION AND DO NOT ABBREVIATE

1 FICTITIOUS BUSINESS NAME(S) Business Phone () () (Optional)
 (AREA CODE) (PHONE NUMBER)

A DC Food Enterprises

1A FILING TYPE: New Statement Refile-List Previous No. Change

2 ADDRESS OF PRINCIPAL PLACE OF BUSINESS (Do NOT use a P.O. Box or a P.M.B.)
1509 N. Eastside Santa Ana CA 92701 Orange
 (STREET ADDRESS) (CITY) (STATE) (ZIPCODE) (COUNTY)

3 FULL NAME OF REGISTERED OWNER (1) Dana Ohanesian
 (If Corporation, enter Corp. name)
 If Corporation /L.L.C State of Incorporation or organization:

956 Laurelwood Ln Anaheim CA 92806
 RESIDENTIAL/CORP. ADDRESS (DO NOT USE A P.O. BOX) (CITY) (STATE) (ZIPCO)

FULL NAME OF REGISTERED OWNER (2) Vui T. Nguyen
 (If Corporation, enter Corp. name)
 If Corporation /L.L.C State of Incorporation or organization:

4158 Emerson Dr Livermore CA 94551
 RESIDENTIAL/CORP. ADDRESS (DO NOT USE A P.O. BOX) (CITY) (STATE) (ZIPCO)

4 (CHECK ONE ONLY) This business is conducted by an individual a general partnership a limited liability partnership
 an unincorporated association other than a partnership a Limited liability Co. a limited partnership a corporation
 a husband and wife a joint venture co-partners a trust a state or local registered domestic partnership

5 HAVE YOU STARTED DOING BUSINESS YET? No Yes If Yes, Insert the date you started: / /

6 If registered owner is NOT a corporation, sign below:
 Signature [Signature]
 Print Name DANA OHANESIAN
 I declare that all information in this statement is true and correct.
 (A registered owner who declares as true information which he or she knows to be false is guilty of a crime.)

If Registered owner is: a corporation, an officer of the corporation signs below.
 any type of partnership, the general partner signs below.
 a limited liability company, a manager or an officer signs below.
 Limited Liability Company/Corporation/Partnership Name
 Signature and Title of Officer/Manager or General Partner
 I declare that all information in this statement is true and correct.
 (A registered owner who declares as true information which he or she knows to be false is guilty of a crime.)
 Print Name and Title of Officer/Manager or General Partner

Notice: This Fictitious Business Name Statement expires five years from the date it was filed in the Office of the County Clerk-Recorder. The statement expires 40 days after any change in the facts is made other than a change in the residence address of the registered owner. A new Fictitious Business Name Statement must be filed before either expiration. When ceasing to transact business under an active Fictitious Business Name Statement, Abandonment shall be filed. The filing of this statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rig of another under federal, state or common law (see section 14411 et seq., Business and Professions Code).

Recorded in Official Records, Orange County
 Tom Daly, Clerk-Recorder
 23.00
 20086161133 04:26pm 07/03/08
 76 162 F01
 23.00 0.00 0.00 0.00 0.00 0.00

(THIS FEE APPLIES AT THE TIME OF FILING)
 FILING FEE \$23.00 FOR ONE BUSINESS NAME
 \$7.00 FOR EACH ADDITIONAL BUSINESS NAME
 \$7.00 FOR EACH ADDITIONAL PARTNER AFTER FIF