MELISSA WILK, Alameda County Clerk-Recorder

1106 Madison Street, Oakland, CA 94607

Telephone: (510) 272-6362

Website: www.acgov.org/auditor/clerk

EXPIRED BY: OCT 0 5 2027

FILED ALAMEDA COUNTY

OCT 0 6 2022

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to Business and Professions Code Sections 17900-17930

PLEASE NOTE:

YOU WILL BE REQUIRED TO PRESENT A VALID GOVERNMENT ISSUED PHOTO ID TO FILE THIS STATEMENT IN PERSON.

TYPE OR PRINT LEGIBLY AND FIRMLY IN BLACK OR DARK BLUE INK ONLY

MELISSA WILK, County Clerk
89 Deputs
TATEMENT IN PERSON.

FILE NUMBER: 52248

	PLEASE F	READ INSTI	RUCTIONS O	N BACK OF THI	S FORM	(Do not wri	te above this lin
ւ. * Print Fictitious Bւ	ısiness Name (please number	if more than o	ne business nam	ie)			
Howzing							
	f principal place of business			Mailing Address,	if different		
2332 Harrison							····
City Oakland, CA 9	State 4612	Zip	County Alameda	City		State	Zip ·
	WNER(s): (If more than four o	wners, attach T	he Additional Ir	nformation Form sho	wing owner's informat	ion)	
1. Registrant/Corp/ KAMCO Hous				2. Registrant/Corp	/LLC		
Residence Address 2332 Harrison	(P.O. Box not accepted) Street			Residence Address	s (P.O. Box not accept	:ed)	
City Oakland, CA 9	Sta 94612	te Zip		City		State	Zip
If Corporation or LLC - Print State of Incorporation/Organization California				If Corporation or LLC – Print State of Incorporation/Organization			
3. Registrant/Corp/LLC				4. Registrant/Corp/LLC			
Residence Address (P.O. Box not accepted)				Residence Address (P.O. Box not accepted)			
City State Zip				City		State	Zip
If Corporation or LI	.C – Print State of Incorporation	on/Organizatio	ะก	If Corporation or I	.LC Print State of In	corporation/O	rganization
D. ****THIS BUSINI	ESS IS CONDUCTED BY: (Chec	ck one)		ha ra ray and a ray a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
🔲 an Individual	☐ Married Couple	State or lo	ocal registered D	omestic Partners	Co-partners		
a Joint Venture	☐a General Partnership	☐a Limited	Liability Partners	ship	☐ a Trust		
☑ a Corporation	☐a Limited Partnership	[]a Limited	Liability Compa	ny	☐ an Unincorporat partnership	ed association	other than a
E. *****Insert the da	te the registrant first commenc	ed to transact b	ousiness under th	ne fictitious business i	name or names listed a	above. <u>9/</u>	20/2022
	•			(li	nsert N/A if you have	en't started to t	ransact busines
-	who declares as true any m misdemeanor p	aterial matte	r pursuant to t	exceed one thousa	e registrant knows t	to be false is	guilty of a
F. *****Registrant	Vahnaz Khazen			esident	±±14448 geryygy y gan a'r yn ai'r naddyr fyr flyndiae mae farm		
(Print name		nt name and titl	le of officer. If LL)	_C, print name and tit	le of officer or manage	r.)	
Registrant Signatur	re <u>Tlalluag 4</u>	Wagen			14141 \		OR OF STREET
This st	tatement was filed with the Cler	59e instri) k-Recorder of <i>F</i>	uccions for aut Nameda County	horized signatories on the date indicated	by the filing stamp in t	he upper right l	hand corner.

NOTICE: In accordance with subdivision (a) of Section 17920, a fictitious name statement generally expires at the end of five years from the date on which it was filed in the office of the county clerk, except, as provided in subdivision (b) of section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new fictitious business name statement must be filed before the expiration. 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).

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FILE NUMBER:

MELISSA WILK, County Clerk
By Deputy

\$ 92498

	PLEASE F	READ INST	RUCTIONS O	N BACK OF THI	S FORM	(Do not writ	te above this line	
	usiness Name (please number	if more than o	ne business nam	e)	Activities to the second secon		······································	
-lowzing								
	f principal place of business			Mailing Address,	if different		<u> </u>	
2332 Harrison	Street							
city Dakland, CA 9	State 4612	Zip	County Alameda	City		State	Zip ·	
***REGISTERED O	WNER(s): (If more than four or	wners, attach 1	he Additional In	formation Form sho	wing owner's informatio	ın)		
1. Registrant/Corp/LLC KAMCO Housing				2. Registrant/Corp/LLC				
Residence Address 2332 Harrison	(P.O. Box not accepted) Street			Residence Address	s (P.O. Box not accepte	d)		
City State Zip Oakland, CA 94612				City		State	Zip	
if Corporation or LLC - Print State of Incorporation/Organization California				If Corporation or LLC - Print State of Incorporation/Organization				
3. Registrant/Corp/LLC				4. Registrant/Corp/LLC				
Residence Address (P.O. Box not accepted)				Residence Address (P.O. Box not accepted)				
City	Stat	te Zip		City		State	Zip	
If Corporation or LLC Print State of Incorporation/Organization				If Corporation or LLC — Print State of Incorporation/Organization				
D. ****THIS BUSINI	ESS IS CONDUCTED BY: (Chec	ck one)						
an Individual	☐ Married Couple	☐State or I	ocal registered D	omestic Partners	Co-partners			
a Joint Venture	☐a General Partnership	• • • • • • • • • • • • • • • • • • • •			☐ a Trust			
a Corporation	☐a Limited Partnership					rated association other than a		
*****Insert the da	te the registrant first commenc	ed to transact h	ousiness under th	e fictitious business r	name or names listed at	oove. 9/c	20/2022	
ai illowit the da	a tho regional mot serminone			(ir	nsert N/A if you haven	't started to t	ransact busines	
A registrant	who declares as true any m	naterial matte	r pursuant to t	statement is true a his section that the xceed one thousa	e registrant knows to	be false is (guilty of a	
F. *****Registrant	Mahnaz Khazen		TitlePre	esident				
(Print name)	(Corporation, prin	nt name and tit	le of officer. If LL	C, print name and titl	le of officer or manager.)		
Registrant Signatur	e / falllage of	Wife	untions for and	norized signatories	-/titios)		e paragrap per un de un demonstrator per esta esta esta esta esta esta esta esta	
This st	tatement was filed with the Cler	k-Recorder of	Nameda County	on the date indicated	by the filing stamp in the	e upper right h	nand corner.	

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MELISSA WILK, County Clerk
By Deputy

TATEMENT IN PERSON.

FILE NUMBER: 522498

	PLEASE	READ INST	RUCTIONS O	N BACK OF TH	IIS FORM (Do not wri	ite above this li
A. * Print Fictitious B Howzing	usiness Name (please number	if more than o	one business nam	ie)	(m) 4 - 10 (m) 4 (m)		
B. ** Street address o	of principal place of business			Mailing Address	s, if different	6-11 14	
2332 Harrison	Street						
City Oakland, CA 9		Zip	County Alameda	City		State	Zip
C. ***REGISTERED C	DWNER(s): (If more than four o	wners, attach	The Additional In	formation Form sh	nowing owner's information)		
1. Registrant/Corp/LLC KAMCO Housing				2. Registrant/Corp/LLC			
Residence Address 2332 Harrisor	(P.O. Box not accepted) Street			Residence Addre	ss (P.O. Box not accepted)		
City State Zip Oakland, CA 94612				City	Margaret de l'est de le 2 de sant l'Art à Salve de l'Estermande de l'étable de la Margaret de l'ester a est que de proprie	State	Zip
If Corporation or LLC Print State of Incorporation/Organization California				If Corporation or LLC Print State of Incorporation/Organization			
3. Registrant/Corp/	/LLC			4. Registrant/Cor	p/LI.C		TO THE PERSON NAME OF THE PERSON
Residence Address (P.O. Box not accepted)				Residence Address (P.O. Box not accepted)			
City	State Zip			City		State	Zip
If Corporation or LLC - Print State of Incorporation/Organization				If Corporation or LLC - Print State of Incorporation/Organization			
D. ****THIS BUSIN	ESS IS CONDUCTED BY: (Che	ck one)					
☐ an Individual	☐ Married Couple	State or I	ocal registered De	omestic Partners	Co-partners		
a Joint Venture	☐a General Partnership	☐a Limited	Liability Partners	hip	🔲 a Trust		
a Corporation	☐a Limited Partnership	☐a Limited	Liability Compan	y 	an Unincorporated a partnership	ssociation	other than a
E. *****Insert the da	ite the registrant first commend	ed to transact t	ousiness under the		name or names listed abov		
A registrant	who declares as true any m	aterial matte	r pursuant to th	statement is true a nis section that th xceed one thousa		e false is ç	guilty of a
F. *****Registrant	Mahnaz Khazen		_{Title} Pre	sident			
(Print name)		nt name and titl	e of officer. If LL	C, print name and th	itle of officer or manager.)		The Property of the Control of the C
Registrant Signatur	re <u>Tfalluag</u> X	Water	votiono for a di		- 14748 1		biographic was made and a second and a second
This st	tatement was filed with the Cler			orized signatorie		nnar right h	and corner

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