

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 05 2027

FILED ALAMEDA COUNTY

OCT 06 2022

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to Business and Professions Code Sections 17900-17930

MELISSA WILK, County Clerk By Deputy

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

FILE NUMBER:

592498

PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM

(Do not write above this line)

A. * Print Fictitious Business Name (please number if more than one business name)

Howzing

B. ** Street address of principal place of business

2332 Harrison Street

Mailing Address, if different

City State Zip

Oakland, CA 94612

County

Alameda

City State Zip

C. ***REGISTERED OWNER(S): (If more than four owners, attach The Additional Information Form showing owner's information)

1. Registrant/Corp/LLC

KAMCO Housing

Residence Address (P.O. Box not accepted)

2332 Harrison Street

City State Zip

Oakland, CA 94612

If Corporation or LLC -- Print State of Incorporation/Organization

California

2. Registrant/Corp/LLC

Residence Address (P.O. Box not accepted)

City State Zip

If Corporation or LLC -- Print State of Incorporation/Organization

3. Registrant/Corp/LLC

Residence Address (P.O. Box not accepted)

City State Zip

If Corporation or LLC -- Print State of Incorporation/Organization

4. Registrant/Corp/LLC

Residence Address (P.O. Box not accepted)

City State Zip

If Corporation or LLC -- Print State of Incorporation/Organization

D. ****THIS BUSINESS IS CONDUCTED BY: (Check one)

- an individual, Married Couple, State or local registered Domestic Partners, Co-partners, a Joint Venture, a General Partnership, a Limited Liability Partnership, a Trust, a Corporation, a Limited Partnership, a Limited Liability Company, an Unincorporated association other than a partnership

E. ****Insert the date the registrant first commenced to transact business under the fictitious business name or names listed above. 9/20/2022 (Insert N/A if you haven't started to transact business)

I declare that all information in this statement is true and correct.

A registrant who declares as true any material matter pursuant to this section that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (1,000).

F. *****Registrant Mahnaz Khazen Title President (Print name) (Corporation, print name and title of officer. If LLC, print name and title of officer or manager.)

Registrant Signature (See instructions for authorized signatories/titles)

This statement was filed with the Clerk-Recorder of Alameda County on the date indicated by the filing stamp in the upper right 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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Mailing Address, if different

City State Zip County Oakland, CA 94612 Alameda

City State Zip

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1. Registrant/Corp/LLC

KAMCO Housing

Residence Address (P.O. Box not accepted)

2332 Harrison Street

City State Zip Oakland, CA 94612

If Corporation or LLC - Print State of Incorporation/Organization California

2. Registrant/Corp/LLC

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City State Zip

If Corporation or LLC - Print State of Incorporation/Organization

3. Registrant/Corp/LLC

Residence Address (P.O. Box not accepted)

City State Zip

If Corporation or LLC - Print State of Incorporation/Organization

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C. ***REGISTERED OWNER(S): (If more than four owners, attach The Additional Information Form showing owner's information)

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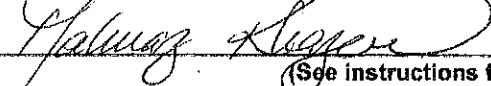
<input type="checkbox"/> an individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> State or local registered Domestic Partners	<input type="checkbox"/> Co-partners
<input type="checkbox"/> a Joint Venture	<input type="checkbox"/> a General Partnership	<input type="checkbox"/> a Limited Liability Partnership	<input type="checkbox"/> a Trust
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 (Print name) (Corporation, print name and title of officer. If LLC, print name and title of officer or manager.)

Registrant Signature 
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