STEVE MANNING, Alameda County Clerk-Recorder 1106 Madison Street, Oakland, CA 94607 Telephone (510) 272-6362



OCT 14 2015

FICTITIOUS BUSINESS NAME STATEMENT

PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 17900-17930

| STEVE MANNING | County Clerk |
|---------------|--------------|
| Ву | Deputy |
| 70 | |

USE BLACK OR DARK BLUE INK ONLY

For current filing fees call (510) 272-6362, or visit our website at www.acgov.org.

FILE NUMBER: 510552-3

| A FICTITIOUS BUSINESS NAME(S) ONESKY ONESKY FOR ALL CHILDRED B TIS HERST AUE STE 200 DERKELY ALLERED State Address of Principal Place of Business (P.O. Box not acceptable) "City County State Zip Mailing Address (Optional) City County State Zip (1) Show full name of 1 Registrant (if Registrant is Corporation, LLC or LLP, show full name of Entity.) "" Half Has | DI FACE DEAD INCTRUCTIONS ON DACK OF THIS FORM. TYPE OF PRINT I FOIR! Y | | | | | | | | |
|--|---|---|--|---------------------------------------|----------------|----------|--|--|--|
| Street Address (Optional) State | PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM – TYPE OR PRINT LEGIBLY A FICTITIOUS BUSINESS NAME(S) * > A C | | | | | | | | |
| Mailing Address (Optional) City County State Zip | | NESKY Z) | ONESK | Y FOR ALL CHI | LDREN | | | | |
| Coporation of 1st Registrant (if Registrant is Corporation, LLC or LLP, show full name of 1st Registrant is Corporation, LLC or LLP, show full name of Entity.) Residence Street Address (P.O. Box not acceptable) 7/S HEARST HUE STÆ ZOO City State Zip City State Zip City State Zip City State Zip City State Zip City State Signature (if a corporation or LLC, show state where registered.) (If a corporation or LLC, show state where registered.) LLC or LLP, show full name of 3st Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) Residence Street Address (P.O. Box not acceptable) The registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) Residence Street Address (P.O. Box not acceptable) City State Zip City State Zip (If a corporation or LLC, show state where registered.) City State Zip (If a corporation or LLC, show state where registered.) City State Zip (If a corporation or LLC, show state where registered.) D BUSINESS an individual Married Couple State or local registered domestic partners CONDUCTED Administration and individual Administration LLC or LLP, show full name of Entity.) The registrant has not yet begun to transact business using the fictitious business name listed above. The registrant has not yet begun to transact business using the fictitious business name listed above on Control or LLC or LLP, show that the registrant knows to be false significant has not yet begun to transact business using the fictitious business name listed above. The registrant began to transact business using the fictitious business name listed above on Control or LLC or LLP, show that the registrant knows to be false significant has not yet begun to transact business using the fictitious business name listed above on Control or LLC or LLP, show that the registrant knows to be false significant has not yet begun to transact business using the fictitious business name in violation of the rights of a notive runder federal, state, or Commo | В | 715 HEARST AVE, STE 200 BET Street Address of Principal Place of Business (P.O. Box <u>not</u> acceptable) * | KELEY City | ALAMEDA County | CA State | | | | |
| Coporation of 1sh Registrant (if Registrant is Corporation, LLC or LLP, show full name of 1sh Registrant is Corporation, LLC or LLP, show full name of Entity.) **** ***** **** **** **** **** **** | | Mailing Address (Optional) | City | County | State | Zip | | | |
| City State Zip City State Zip City State Zip City State Zip General Shows state where registered.) California. (If a corporation or LLC, show state where registered.) California. (If a corporation or LLC, show state where registered.) California. (If a corporation or LLC, show state where registered.) California. (If a corporation or LLC, show state where registered.) Corporation, LLC or LLP, show full name of Entity.) Residence Street Address (P.O. Box not acceptable) City State Zip City State Zip (If a corporation or LLC, show state where registered.) (If a corporation or LLC, show state where registered.) D BUSINESS an individual Ageneral partnership a Limited liability partnership a Trust BY: The registrant has not yet begun to transact business using the fictitious business name listed above. The registrant has not yet begun to transact business using the fictitious business name (s) listed above on Cathoria and the registrant knows to be false is guilty of misdemeanor punishable by a fine not to exceed one thousand dollars [\$1,000].) NOTICE: In accordance with subdivision (a) of Section 17920, a fictitious name statement generally a fine not to exceed one thousand dollars [\$1,000].) NOTICE: In accordance with subdivision (a) of Section 17920, a fictitious name statement may represent the end of five years from the date on which it was filled 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 in violation of the rights of another under federal, state, or common law (see Section 1414 et see, Business and Professions Code). Signature Of REGISTRANT Definition of the statement of the county of the statement of the port of the county of the part of the county of the statement of the part of the county of the part of the county of the part of the pa | С | (1) Show full name of 1st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Half the Sky Foondation, Inc. | (2) Show full name of 2 nd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** | | | | | | |
| Cooperation or LLC, show state where registered.) | | 715 HEARST AVE, STE 200 | Residence | Street Address (P.O. Bo | x not acceptar | ne) | | | |
| (If a corporation or LLC, show state where registered.) California (3) Show full name of 3 rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) Residence Street Address (P.O. Box not acceptable) City State Zip City State Zip (If a corporation or LLC, show state where registered.) (If a corporation or LLC, show state where registered.) D BUSINESS at initividual Married Couple State or local registered domestic partners CONDUCTED at one or constitution of the county of the By: ***** The registrant has not yet begun to transact business using the fictitious business name (s) listed above on County of the years 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, and inclinus name attement pursuant to section 17913 of the the facts set forth in the statement pursuant to section 17913 of the than a change in the registered where the pursuant of the registerant whose holds of a fictitious business name in violation of the rights of another runder federal, state, or common laye see Section 1441 et see, Desiness of Professions Code). Signature of 4 ^{rb} Registrant if any. (If Registrant is Corporation. LLC, show full name of 4 ^{rb} Registrant is Corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is Corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is and corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is and corporation. LLC or LLP, show full name of 4 ^{rb} Registrant is and corporation. LLC or LLP, show full name of 4 | | | City | State | • | Zip | | | |
| (3) Show full name of 3 rd Registrant if any. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** Residence Street Address (P.O. Box not acceptable) City State Zip City State Zip (If a corporation or LLC, show state where registered.) D BUSINESS an Individual Married Couple Street Address (P.O. Box not acceptable) D BUSINESS A Individual Married Couple State or local registered domestic partners CONDUCTED A Joint venture Married Partnership La Limited liability partnership A Corporation or LLC, show state where registered.) E The registrant has not yet begun to transact business using the fictitious business name (s) listed above. The registrant began to transact business using the fictitious business name (s) listed above on Corporation T913 of the Business and Professions Code that the registrant knows to be false is guilty of misdemanor punishable by a fine not to exceed one thousand dollars [\$1,000].) 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 is violation of the rights of another under federal, state, or common law (see Section 14411 et seq. Desimes and Professions Code). SIGNATURE OF REGISTRANT PRINT NAME | | (If a corporation or LLC, show state where registered.) | ation or LLC, show state | or LLC, show state where registered.) | | | | | |
| City State Zip City State Zip City State Zip City State Zip | | (3) Show full name of 3rd Registrant if any. (If Registrant is Corporation, | | | | | | | |
| (If a corporation or LLC, show state where registered.) Corporation or LLC, show state where registered.) | | Residence Street Address (P.O. Box not acceptable) | Residence Street Address (P.O. Box not acceptable) | | | | | | |
| D BUSINESS an Individual Married Couple State or local registered domestic partners Co-partners CONDUCTED a Joint venture a General partnership a Limited liability partnership a Trust BY: **** a Corporation a Limited partnership a Limited liability company (Check only 1 box) an Unincorporated association other than a partnership E The registrant has not yet begun to transact business using the fictitious business name listed above. Catholer 8, 2015 Clate I declare that all information on this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of misdemeanor punishable by a fine not to exceed one thousand dollars [\$1,000].) 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). SIGNATURE OF REGISTRANT Definition American | | City State Zip | City | State |) | Zip | | | |
| CONDUCTED a Joint venture a General partnership a Limited liability partnership a Trust BY: **** a Corporation a Limited partnership a Limited liability company (Check only 1 box) an Unincorporated association other than a partnership The registrant has not yet begun to transact business using the fictitious business name listed above. | | (If a corporation or LLC, show state where registered.) | (If a corporation or LLC, show state where registered.) | | | | | | |
| The registrant began to transact business using the fictitious business name(s) listed above on Cotober 8, 2015. I declare that all information on this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of misdemeanor punishable by a fine not to exceed one thousand dollars [\$1,000].) 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). SIGNATURE OF REGISTRANT PRINT NAME Jenny Bowen Jenny Bowen Jenny Bowen | D | CONDUCTED a Joint venture a General partnership a Limited liability partnership a Trust a Corporation a Limited partnership a Limited liability company | | | | | | | |
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| PRINT NAME Jenny Bowen | common law (one Coeffee 44444 et any D.G C.A. Defendance O. de) | | | | | | | | |
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| THIRT HAME OF TENSOR SIGNING. FAIRT THE IF REQUIRED (SEE DACK OF DITH), SECTION F). CEO | | | | | | | | | |
| THIS STATEMENT WAS FILED WITH THE CLERK-RECORDER OF ALAMEDA COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE | | | | | THE FILE STA | MP ABOVE | | | |