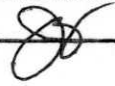


STEVE MANNING, Alameda County Clerk-Recorder
1106 Madison Street, Oakland, CA 94607
Telephone (510) 272-6362

FILED
ALAMEDA COUNTY

OCT 14 2015

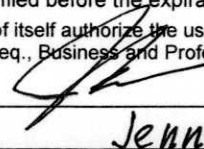
FICTITIOUS BUSINESS NAME STATEMENT
PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 17900-17930

STEVE MANNING, County Clerk
By  Deputy

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
DO NOT WRITE ABOVE THIS LINE

PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM - TYPE OR PRINT LEGIBLY	
A FICTITIOUS BUSINESS NAME(S) <u>1) ONESKY 2) ONESKY FOR ALL CHILDREN</u>	
B <u>715 HEARST AVE, STE 200 BERKELEY ALAMEDA CA 94710</u> Street Address of Principal Place of Business (P.O. Box <u>not</u> acceptable) ** City County State Zip	
Mailing Address (Optional) City County State Zip	
C ① Show full name of 1 st Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.) *** <u>Half the Sky Foundation, Inc.</u> Residence Street Address (P.O. Box not acceptable) <u>715 HEARST AVE, STE 200</u> City State Zip <u>BERKELEY CA 94710</u> (If a corporation or LLC, show state where registered.) <u>California</u>	C ② Show full name of 2 nd 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 (If a corporation or LLC, show state where registered.)
C 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 (If a corporation or LLC, show state where registered.)	C ④ Show full name of 4 th 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 (If a corporation or LLC, show state where registered.)
D BUSINESS CONDUCTED BY: **** <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 <input checked="" type="checkbox"/> a Corporation <input type="checkbox"/> a Limited partnership <input type="checkbox"/> a Limited liability company <input type="checkbox"/> an Unincorporated association other than a partnership (Check only 1 box)	
E <input type="checkbox"/> The registrant has not yet begun to transact business using the fictitious business name listed above. <input checked="" type="checkbox"/> The registrant began to transact business using the fictitious business name(s) listed above on <u>October 8, 2015</u> **** (Date)	
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 <u>Jenny Bowen</u>	
PRINT NAME OF PERSON SIGNING. PRINT TITLE IF REQUIRED (See back of form, Section F). <u>CEO</u>	
THIS STATEMENT WAS FILED WITH THE CLERK-RECORDER OF ALAMEDA COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE	