



FILED

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The Recorder-County Clerk Certification

THIS IS A TRUE CERTIFIED COPY OF THE PUBLIC RECORD,
DOCUMENT NUMBER FBN20250003283 CONSISTING
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ASSESSOR-RECORDER-CLERK.

04/03/2025

Josie Gonzales
Assessor-Recorder-County Clerk
San Bernardino County, CA



**San Bernardino County**

Recorder - Clerk

222 W. Hospitality Lane, 1st Floor

San Bernardino CA 92415-0022

855 REC-CLRK

www.arc.sbcounty.gov

**BUSINESS OWNER IS RESPONSIBLE TO DETERMINE
IF PUBLICATION IS REQUIRED (BPC 17917). FILING
IS A PUBLIC RECORD (GC 6250-6277).**

**Filed in County Clerk's Office
San Bernardino County**

Assessor-Recorder-County Clerk

FBN20250003283

04/03/2025 10:42 AM

FBN

Pages: 4

Fee: \$75.00

SAN

K1583

Space above for County Clerk USE ONLY

FICTITIOUS BUSINESS NAME STATEMENT☒ **FILING**☐ **ABANDONMENT:**

County of Current Filing _____

Date of

Current Filing _____

File No. _____

Fees: \$55.00 Includes one registrant (please make check payable to "County Clerk")

\$5.00 Each additional registrant

\$5.00 Each additional FBN name filed on same statement and operating at same location

Please **TYPE** or **PRINT** legibly and firmly in **DARK** ink (no alterations). See reverse side for filing and publishing instructions. The determination whether or not publication is required by law is ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1	LIST FICTITIOUS BUSINESS NAME BELOW (as shown in the Articles of Inc./Org./Reg.)			County of Principal Place of Business	
	TOP NOTCH NETWORKING			SAN BERNARDINO	
2	Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable)		City	State	Zip Code
	13829 PARK AVE UNIT 100		VICTORVILLE	CA	92392
3	Business Mailing Address		City	State	Zip Code
	PO BOX 15176		SCOTTSDALE	AZ	86267
4	(1) Name of Individual Registrant (First name)		(Middle initial only)	(Last name)	
	(1) Name of corporation or limited liability company as shown in the Articles of Inc./Org./Reg.		State of Inc./Org. / Reg.	Inc./Org./Reg. No. (Optional)	
5	PRO CLOUD SAAS, LLC		AZ	B20250036179	
	Corporation or LLC Street Address		City	State	Zip Code
6	17105 E. WILDCAT DRIVE		RIO VERDE	AZ	85263
	(2) Name of Individual Registrant (First name)		(Middle initial only)	(Last name)	
7	(2) Name of corporation or limited liability company as shown in the Articles of Inc./Org./Reg.		State of Inc./Org. / Reg.	Inc./Org./Reg. No. (Optional)	
	Corporation or LLC Street Address		City	State	Zip Code

List any additional names on additional form

(CHECK ONE ONLY) This business is/was conducted by:

- | | | | |
|---|---|--|--|
| 4 | <input type="checkbox"/> An Individual | <input type="checkbox"/> A Limited Liability Partnership | <input type="checkbox"/> A Married Couple |
| | <input type="checkbox"/> A General Partnership | <input type="checkbox"/> An Unincorporated Assoc. Other Than a Partnership | <input type="checkbox"/> State or Local Registered Domestic Partners |
| | <input type="checkbox"/> A Limited Partnership | <input type="checkbox"/> A Corporation | <input type="checkbox"/> A Joint Venture |
| | <input checked="" type="checkbox"/> A Limited Liability Company | <input type="checkbox"/> Copartners | <input type="checkbox"/> A Trust |
| | | | |

5 Registrant **commenced** to transact business under the fictitious business name or names listed above on (do not enter a future date).
(If registrant has not yet commenced to transact business, insert the statement "Not applicable").

Not Applicable
Month, Day, Year

6

BY SIGNING, I DECLARE THAT ALL INFORMATION IN 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 a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).

Signature:

Printed Name of Person Signing: /s/ SHANE HANNAN

Printed Title of

Person Signing: CHIEF EXECUTIVE OFFICER

Date: 04/03/2025

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. 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).



San Bernardino County Recorder - Clerk

222 W. Hospitality Lane, 1st Floor
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FICTITIOUS BUSINESS NAME: ADDITIONAL INFORMATION FORM

BUSINESS OWNER IS RESPONSIBLE TO DETERMINE IF PUBLICATION IS REQUIRED (BPC 17917). FILING IS A PUBLIC RECORD (GC 6250-6277).

Please TYPE or PRINT legibly in **DARK** ink only and use additional sheets as needed.

	Additional Business Names (as shown in the Articles of Inc./Org./Reg.)	County of Principal Place of Business	Enter Start Date or N/A if not yet started
(2)	WOP	SAN BERNARDINO	N/A
(3)	WESTERN OFFICE PRODUCTS	SAN BERNARDINO	N/A
(4)	TNN	SAN BERNARDINO	N/A
(5)	OFFICE WORKS	SAN BERNARDINO	N/A
(6)			
(7)			

ADDITIONAL REGISTRANTS

**If a corp., LLC, etc., enter complete name, state of incorporation/organization/registration and registration number*

(3) Name of Individual Registrant (First name)	(Middle initial <u>only</u>)	(Last name)	
(3) Name of corporation or limited liability company as shown in the Articles of Inc/Org/Reg		State of Inc./Org./Reg.	Inc./Org./Reg. No.
(3) Corporation or LLC street address		City	State Zip Code
(4) Name of Individual Registrant (First name)	(Middle initial <u>only</u>)	(Last name)	
(4) Name of corporation or limited liability company as shown in the Articles of Inc/Org/Reg		State of Inc./Org./Reg.	Inc./Org./Reg. No.
(4) Corporation or LLC street address		City	State Zip Code
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(5) Name of corporation or limited liability company as shown in the Articles of Inc/Org/Reg		State of Inc./Org./Reg.	Inc./Org./Reg. No.
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(6) Name of corporation or limited liability company as shown in the Articles of Inc/Org/Reg		State of Inc./Org./Reg.	Inc./Org./Reg. No.
(6) Corporation or LLC street address		City	State Zip Code

Signature is required on Page 1 and any additional pages

BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN 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 a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).

Printed Name SHANE HANNAN	Title (if applicable) CHIEF EXECUTIVE OFFICER	Signature 	Date 04/03/2025
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