



FILED

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The Recorder-County Clerk Certification

THIS IS A TRUE CERTIFIED COPY OF THE PUBLIC RECORD,
DOCUMENT NUMBER FBN20250003283 CONSISTING
OF 4 PAGES, WHICH BEARS THE SEAL OF THE
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.sbccounty.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
	Business Mailing Address		City	State	Zip Code	# of Employees (Optional)
	PO BOX 15176		SCOTTSDALE	AZ	86267	20
	(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)	
	PRO CLOUD SAAS, LLC			AZ	B20250036179	
	Corporation or LLC Street Address			City	State	Zip Code
3	17105 E. WILDCAT DRIVE			RIO VERDE	AZ	85263
	(2) Name of Individual Registrant (First name)	(Middle initial only)	(Last name)			
	(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:

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An Individual
 A General Partnership
 A Limited Partnership
 A Limited Liability Company

A Limited Liability Partnership
 An Unincorporated Assoc. Other Than a Partnership
 A Corporation
 Copartners

A Married Couple
 State or Local Registered Domestic Partners
 A Joint Venture
 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

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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)		(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
(5) Name of Individual Registrant (First name)		(Last name)		
(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 Individual Registrant (First name)		(Last name)		
(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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