

FICTITIOUS BUSINESS NAME STATEMENT
COUNTY OF MARIN-OFFICE OF THE COUNTY CLERK
ROOM 247, HALL OF JUSTICE-P.O. BOX "E"
SAN RAFAEL, CA 94913-3904
(415) 499-6152

FILING FEE: Make checks payable to "Marin County Clerk"
\$32.00 for one business name, includes one registrant/owner name.
\$ 7.00 for each additional registrant/owner or additional business name.

PLEASE PRINT, LEGIBLY, IN DARK INK OR TYPE. PRESS FIRMLY
WITH BALL POINT PEN. SEE REVERSE SIDE FOR INSTRUCTIONS.

FOR OFFICE USE ONLY: MARIN COUNTY

FILED

JUN 11 2008

MICHAEL J. SMITH
MARIN COUNTY CLERK

By [Signature]
DEPUTY

File No. 117579

NOTICE: This statement expires on: 6-11-2013

A new FBN statement must be filed no more than 40 days from expiration.

This filing does not of itself authorize the use of this name in violation of the
rights of another under federal, state or common law. (B&P Code 14400 et seq.)

1) Please check one box:

First filing Renewal with changes Expired more than 40 days ago
A Legal Notice MUST be published in an adjudicated paper within 30 days of
the filing date. See back of form for instructions!

OR Renewal, no changes since last filing, publication is not required

2) Enter business start (or change) date or N/A June 11 2008
THE FOLLOWING PERSON (S) IS (ARE) DOING BUSINESS AS:

3) Fictitious Business Name(s)

Heliotropic

County of principal place of
business:

Daytime Phone (Optional)

4) Street Address of business (P.O. Box not acceptable)

550 Nicasio Valley Rd.

City Nicasio

State CA

Zip Code

94946

FULL NAME OF REGISTRANT/ENTITY (Person, Corporation or LLC name)

5) The Seeds Project

Residence or Corporate Address (P.O. Box not acceptable)

2110 South Bascom Ave. Suite 201

City Campbell

State CA

Zip Code

95008

6) Partner Residence Address (P.O. Box not acceptable)

FULL NAME OF REGISTRANT/ENTITY (Partner, Corporation or LLC name)

7) Partner Residence Address (P.O. Box not acceptable)

FULL NAME OF REGISTRANT/ENTITY (Partner, Corporation or LLC name)

8) Partner Residence Address (P.O. Box not acceptable)

9) CHECK ONLY ONE
This business is conducted by: (a) an individual (b) a general partnership (c) a limited partnership (d) an unincorporated association other than a partnership (e) a corporation (f) a trust (g) co-partners (h) husband & wife (i) joint venture (j) limited liability partnership (k) foundation (l) State/Local Regist. Domestic Partners (m) limited liability company

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

10) REGISTRANT/OFFICER SIGNATURE: [Signature]

TYPE/PRINT NAME & TITLE: Troy J. Lush

MAILING ADDRESS: P.O. Box 32
Woodacre CA 94973

FOR OFFICE USE ONLY

CERTIFICATION: I hereby certify that the foregoing is a correct copy of
the original on file in the County Clerk's Office.
MICHAEL J. SMITH, County Clerk by: [Signature]

RETURN ALL COPIES TO THE COUNTY CLERK

Distribution: Original - File, first copy - Newspaper, second copy
applicant.

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).