

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

A MAILING ADDRESS: NAME <u>David Hathcock</u> ADDRESS _____ CITY/STATE/ZIP _____	B PUBLISH IN: <u>Santa Clara County</u> COUNTY CLERK'S FILING STAMP <div style="text-align: right; margin-top: 20px;"> MAY 11 12 19 PM '93 </div>
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FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1.*	Fictitious Business Name(s) <u>INTERNATIONAL Remote Viewing Association (IRVA) PH</u>		
2.**	Principal Place of Business in California: <u>1010 Harriet Street</u> City <u>PALO ALTO</u> State <u>CA</u> Zip Code <u>94301</u>		
3.***	<table border="1" style="width:100%"> <tr> <td style="width:50%; vertical-align: top;"> Full Name of Registrant <u>DAY Research Institute</u> Residence Address (P.O. Box not acceptable) <u>1010 Harriet Street</u> City <u>Palo Alto</u> State <u>CA</u> Zip <u>94301</u> (If a CORPORATION, LLC, LLP, or LP, show state of incorporation) <u>50103 Corp - CALIF</u> </td> <td style="width:50%; vertical-align: top;"> Full Name of Registrant _____ Residence Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____ (If a CORPORATION, LLC, LLP, or LP, show state of incorporation) _____ </td> </tr> </table>	Full Name of Registrant <u>DAY Research Institute</u> Residence Address (P.O. Box not acceptable) <u>1010 Harriet Street</u> City <u>Palo Alto</u> State <u>CA</u> Zip <u>94301</u> (If a CORPORATION, LLC, LLP, or LP, show state of incorporation) <u>50103 Corp - CALIF</u>	Full Name of Registrant _____ Residence Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____ (If a CORPORATION, LLC, LLP, or LP, show state of incorporation) _____
Full Name of Registrant <u>DAY Research Institute</u> Residence Address (P.O. Box not acceptable) <u>1010 Harriet Street</u> City <u>Palo Alto</u> State <u>CA</u> Zip <u>94301</u> (If a CORPORATION, LLC, LLP, or LP, show state of incorporation) <u>50103 Corp - CALIF</u>	Full Name of Registrant _____ Residence Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____ (If a CORPORATION, LLC, LLP, or LP, show state of incorporation) _____		

4A. This business is conducted by (PLEASE CHECK ONE ONLY):
☒ a corporation ☐ a business trust ☐ copartners ☐ joint venture ☐ an individual ☐ husband & wife ☐ a general partnership ☐ a limited partnership ☐ an unincorporated association other than a partnership
☐ limited liability company Other (please specify) _____

4B. ☐ Registrant began transacting business under the fictitious business name or names listed here on (date) _____
☒ Registrant has not yet begun to transact business under the fictitious business name or names listed herein.

5A. REGISTRANT (other than a corporation) sign below:

Signed _____

Type Signature _____

This statement was filed in the County Clerk of Santa Clara County on date indicated by file stamp above.

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 14100 et seq., Business and Professions Code.

NOTICE — THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT TIME.

6. ☒ NEW FICTITIOUS BUSINESS NAME STATEMENT

7. ☐ REFILE CURRENT FILE NO. _____

EXPIRATION DATE 5/11/04

5B. If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below.

Corporation Name DAY Research Institute

Signature & Title David Hathcock - Sec

Type Officer _____

Name & Title DAVID HATHCOCK - Secretary

Article # Secretary State # 0 1178 555

STEPHEN V. LOVE

COUNTY CLERK

BY L Combs

Deputy

File No. 365401

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