

FRICK O'CONNELL, Alameda County Clerk-Recorder  
1106 Madison Street, First Floor  
Oakland, CA 94607 Telephone (510) 272-6362

**ENDORSED  
FILED  
ALAMEDA COUNTY**

**FICTITIOUS BUSINESS NAME STATEMENT**  
*USE BLACK OR DARK BLUE INK ONLY*

APR 24 2008  
PATRICIA BINELL, County Clerk  
By: [Signature]  
FILE NUMBER: 412635  
DO NOT WRITE ABOVE THIS LINE

**FILING FEE:**  
\$29.00 FOR FIRST BUSINESS NAME AND FIRST REGISTRANT ON STATEMENT  
\$ 7.00 FOR EACH ADDITIONAL REGISTRANT AND EACH ADDITIONAL BUSINESS NAME  
LISTED ON STATEMENT AND DOING BUSINESS AT THE SAME LOCATION

**PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM - TYPE OR PRINT LEGIBLY**

<b>A</b> FICTITIOUS BUSINESS NAME(S) * TRANSPARENCY PROJECT	
<b>B</b> Street Address of Principal Place of Business (P.O. Box not acceptable) ** City County State Zip 1798 SCENIC AVE BERKELEY ALAMEDA CA 94709 Mailing Address (Optional) City County State Zip	
<b>C</b> ① Show full name of Registrant. (If Registrant is Corporation, LLC or LLP, show full name of Entity.)*** THE SEEDS PROJECT Residence Street Address (P.O. Box not acceptable) 210 S. BASCOM AVE, SUITE 201 City State Zip CAMPBELL CA 95008 (If a corporation or LLC, show state where registered.)	② Show full name of Registrant. (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.
③ Show full name of Registrant. (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.	④ Show full name of Registrant. (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.
<b>D</b> BUSINESS CONDUCTED BY: ***** <input type="checkbox"/> an individual <input type="checkbox"/> Husband and wife <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 <small>(Check only 1 box)</small>	
<b>E</b> <input type="checkbox"/> The registrant began to transact business under the fictitious business name(s) listed above on <u>N/A</u> (date) ***** (Write "N/A" on the line above if you have not yet begun transacting business using the fictitious business name.)	
I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT. (A REGISTRANT WHO DECLARES AS TRUE INFORMATION WHICH HE OR SHE KNOWS TO BE FALSE IS GUILTY OF A CRIME.) NOTICE: IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 17920(A), THE FICTITIOUS NAME STATEMENT EXPIRES 5 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, WHEN IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS AS 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 <u>KISHA C. MONTGOMERY</u> <u>KISHA MONTGOMERY</u> PRINT NAME OF PERSON SIGNING. IF CORPORATION OR LLC, ALSO PRINT TITLE OF SIGNER	

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK-RECORDER OF ALAMEDA COUNTY ON THE DATE INDICATED BY THE FILE STAMP ABOVE.