County of Sacramento
Department of Finance Tax Collection and
Business License Unit
700 H Street, Room 1710, Sacramento, CA 95814
Phone (916) 874-6644 • fax (916) 874-8909 • www.finance.sac.gov

FICTITIOUS BUSINESS NAME
FILED: 12/18/2019
Expires: 12/17/2024

1. Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB not acceptable)
   6000 J Street, Sacramento, California 95819-6063

2. Fictitious Business Name(s) to be Filed (Section 17900 B & P Code)
   (a) **Sacramento State Sponsored Research**
   (b) (If more than 2 names, attach additional sheet)

3. Full Name & Complete Residence Address of Each Business Owner (P.O. Box or PMB not acceptable),
   OR if a Corporation/LLC,
   Corporation/LLC name and address as registered with Secretary of State (include State where incorporated)
   (a) University Enterprises, Inc. 6000 J Street, Bookstore Bldg., Suite 3700, Sacramento California 95819
   (b) (If more than 2 owners, attach additional sheet)

4. This business conducted by:
   □ an Individual □ General Partnership □ Limited Partnership □ Trust
   □ Married Couple □ Co-Partners □ Limited Liability Company □ State or local Registered Domestic Partners
   □ Corporation □ Joint Venture □ Limited Liability Partnership □ Unincorporated Association (other than a partnership)

5. Date began using business name December 16, 2019 (write "N/A" if you have not yet begun conducting business)
   Describe the type of Activities/Business Academic research

6. I declare that all information in this statement is true and correct. (A registrant who declares as true information which they know to be false is guilty of a crime.)
   Signed ____________________________ (ORIGINAL/WET SIGNATURE REQUIRED)
   Printed Name Robert S. Nelsen
   Phone Number (916) 278-7001

   If a Corporation, Limited Liability Company (LLC), Limited Partnership (LP) or Limited Liability Partnership (LLP),
   the following must also be completed:
   Corporation/LLC Name University Enterprises, Inc.
   Officer Title Of Signer CEO
   (For a list of acceptable Officer Titles please see instructions (6b) on reverse)

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires five years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), 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 (Section 14411 et seq., of the Business and Professions Code).

I hereby certify that this copy is a correct copy of the original Statement on file in my office.

DONNA ALLRED, COUNTY CLERK
BY: ____________________________
ID Checked [ ]

FRN Statement (11-30119)