

# 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.saccount

Original Statement FILED with Sacramento County Clerk  
**FBNF2019-10251 SACRAMENTO STATE SPONSORED**

# COPY

### FICTITIOUS BUSINESS NAME STATEMENT

FILED: 12/18/2019

Expires: 12/17/2024

### THIS IS NOT A BUSINESS LICENSE

TYPE OR PRINT CLEARLY – **MUST BE LEGIBLE**

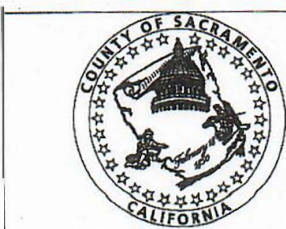
### INSTRUCTIONS ON REVERSE

WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE. ALL INFORMATION IS PUBLIC RECORD

<b>1</b>	Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB <u>not</u> acceptable)	County			
	6000 J Street, Sacramento, California 95819-6063	Sacramento			
<b>2</b>	Fictitious Business Name(s) to be Filed (Section 17900 B & P Code)				
(a)	<b>Sacramento State Sponsored Research</b>	(b)			
	(If more than 2 names, attach additional sheet)				
<b>3</b>	Full Name & Complete Residence Address of Each Business Owner (P.O. Box or PMB <u>not</u> acceptable), <b>OR if a Corporation/LLC,</b> Corporation/LLC name and address as registered with Secretary of State (include State where incorporated)				
	Full Name	Street Address	City	State	Zip
(a)	<b>University Enterprises, Inc.</b>	<b>6000 J Street, Bookstore Bldg., Suite 3700</b>	<b>Sacramento</b>	<b>California</b>	<b>95819</b>
(b)	(If more than 2 owners, attach additional sheet)				
<b>4</b>	This business conducted by:				
	<input type="checkbox"/> an Individual	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Co-Partners	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> State or local Registered Domestic Partners	
	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association (other than a partnership)	
<b>5</b>	Date began using business name <u>December 16, 2019</u> (write "N/A" if you have not yet begun conducting business)				
	Describe the type of Activities/Business <u>Academic research</u>				
<b>6</b>	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 <u>Robert S. Nelsen</u> (ORIGINAL/WET SIGNATURE REQUIRED)				
	Printed Name <u>Robert S. Nelsen</u> Phone Number <u>(916) 278-7001</u>				
	If a Corporation, Limited Liability Company (LLC), Limited Partnership (LP) or Limited Liability Partnership (LLP), the following must also be completed:				
	Corporation/LLC Name <u>University Enterprises, Inc.</u>				
	Officer Title Of Signer <u>CEO</u> (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: [Signature]  
Deputy County Clerk

ID Checked