Application for Amendment/Withdrawal - Foreign Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

☐ AMENDMENT TO APPLICATION FOR AUTHORITY
(Complete only 1, 2, 8)

☐ WITHDRAWAL OF AUTHORITY TO TRANSACT
(Complete only 3, 4, 5, 6, 7, 8)

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

AMENDMENT TO APPLICATION ONLY

1) **ENTITY NAME:** _____

2) **AMENDMENT:** (The amendment is as follows.)

_____

WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS ONLY

3) **NAME:** _____

4) **STATE OR COUNTRY OF INCORPORATION:** _____

5) **THIS CORPORATION IS NOT TRANSACTING BUSINESS IN OREGON, AND SURRENDERS ITS AUTHORITY TO TRANSACT BUSINESS IN OREGON.**

6) **THIS CORPORATION REVOKES THE AUTHORITY OF ITS REGISTERED AGENT TO ACCEPT SERVICE ON ITS BEHALF AND APPOINTS THE SECRETARY OF STATE AS ITS AGENT FOR SERVICE OF PROCESS IN ANY PROCEEDING BASED ON A CAUSE OF ACTION ARISING DURING THE TIME IT WAS AUTHORIZED TO TRANSACT BUSINESS IN OREGON.**

7) **MAILING ADDRESS:** (The address to which the person initiating any proceeding may mail to this Corporation a copy of any process served on the Secretary of State. The Corporation will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.)

_____

8) **EXECUTION:** (Must be signed by at least one officer or director.)
By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
_____	_____	_____

CONTACT NAME: (To resolve questions with this filing.)

_____

PHONE NUMBER: (Include area code.)

_____

FEES

Required Processing Fee $275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

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