Articles of Merger - 90% Owned Subsidiary

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

Print Form

Reset Form

SURVIVOR 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.

1. NAME OF PARENT CORPORATION: _____

Oregon Registry Number: _____

2. NAME OF SUBSIDIARY CORPORATION: _____

Oregon Registry Number: _____

3. NAME OF SURVIVING CORPORATION: _____

4. Select one of the following:

☐ A copy of the plan of merger is attached.

☐ Address where the plan of merger is on file.

Address _____

City _____ State ____ Zip Code _____

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the merger obtained authorization and approval in accordance with the statutes that govern the business entity.

5. Select one of the following:

☐ A copy of the plan of merger or summary was mailed to each shareholder of record of the subsidiary corporation before on or before _____
Date

☐ The mailing of a copy of the plan or summary was waived by all outstanding shares.

6. The plan of merger was duly authorized and approved by each entity that is party to the merger:

☐ A copy of the vote required by each entity is attached.

OR:

☐ Shareholder approval was not required.

7. Execution:

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	
Nonprofit Required Processing Fee	$50
Domestic Required Processing Fee	$100
Foreign Required Processing Fee	$275

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Free copies are available at FilingInOregon.com using the Business Name Search program.