Articles of Merger - Multi Entity Merger

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

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. NAMES AND TYPES OF THE ENTITIES PROPOSING TO MERGE:

NAME:	ENTITY TYPE:	REGISTRY NUMBER:

2. NAME AND TYPE OF SURVIVING ENTITY: _____

☐ Check here if there is a name change in the plan of merger.

3. SELECT ONE OF THE FOLLOWING:

☐ A copy of the plan of merger is attached.

OR:

☐ The plan of merger is on file at the address of the surviving entity.

Address _____

City _____ State _____ Zip Code _____

A copy will be provided upon request to any owner, member or shareholder at no cost.

If the plan of merger amends the articles of organization/incorporation, attach the restated articles of the surviving entity.

☐ State effective date and time in plan of merger if other than when these articles are filed: _____

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

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

OR:

☐ Shareholder approval was not required.

5. EXECUTION:

(Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

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

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