



仅完成您正在更新的部分。
Complete only the sections that you are updating.

想要查看当前信息, 请前往: <http://sos.oregon.gov/bizsearch>
To review current information, please go to: <http://sos.oregon.gov/bizsearch>

登记号:

REGISTRY NUMBER: _____

根据俄勒冈州修订法规第 192.410-192.490 款, 本申请表所载信息属于公共记录。
我们必须根据要求向各方发布此信息, 并将其公布在我们的网站上。
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.

仅供办公使用
For office use only

请用黑色墨水清楚地打印或书写。如有需要, 另加纸张。
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. 当前企业名称:

CURRENT BUSINESS NAME: _____

2. 新企业名称: (如已更改, 则需要缴纳 50 美元费用)

NEW BUSINESS NAME: (If changed, \$50 fee required) _____

3. 业务描述:

DESCRIPTION OF BUSINESS: _____

4. 主要营业地点: (街道地址、市、州、邮政编码)

PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)

5. 授权代表姓名:

NAME OF AUTHORIZED REPRESENTATIVE: (One name only)

原代表 或 新代表
CONTINUING or NEW

6. 授权代表的邮寄地址:

MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

7. 注册者/所有者: (列出新注册者的姓名和公开的街道地址) (如有需要, 另附纸张)

REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. 新注册者/所有者: 街道地址 市 州 邮政编码
NEW REGISTRANTS/OWNERS: Street Address City State Zip

b. 撤回的注册者/所有者:

WITHDRAWING REGISTRANTS/OWNERS:

8. 仅当前注册者/所有者地址变更: (此部分仅针对注册者地址变更) (如有需要, 另附纸张)

CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

注册者姓名 街道地址 市 州 邮政编码
Registrant Name Street Address City State Zip

9. 县:

COUNTIES:

所有县
(全州范围内)
ALL COUNTIES
(Statewide)

- | | | | | | |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Crook | <input type="checkbox"/> Harney | <input type="checkbox"/> Lake | <input type="checkbox"/> Morrow | <input type="checkbox"/> Union |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Curry | <input type="checkbox"/> Hood River | <input type="checkbox"/> Lane | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Willowa |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Linn | <input type="checkbox"/> Sherman | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill |

10. **签名:** 新注册者必须签名。如有任何注册者要撤回, 则撤回的注册者或授权代表必须签名。

本人以授权签署人身份声明, 根据作伪受罚的规定, 本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲个人(包括管理人员、董事、员工、成员、经理或代理人)的身份。本人已检查此档案, 据本人所知所信, 档案真实、正确且完整。在本文件中作虚假陈述是违法的, 可能受到罚款、监禁或两者兼施的处罚。

SIGNATURE(S): New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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

签名:

Signature:

印刷体姓名:

Printed Name:

联系人姓名: (需解决本档案的相关问题)

CONTACT NAME: (To resolve questions with this filing)

电话号码: (包括区号)

PHONE NUMBER: (Include area code)

费用

FEES

如更改企业名称 50 美元

If Changing Business Name

其他更改不收费

No Fee For Other Changes

手续费恕不退还。
Processing Fees are nonrefundable.

支票抬头请写“公司部”。
Please make check payable to "Corporation Division".

使用企业名称搜索程序可在 <http://sos.oregon.gov/business> 网站上获取免费副本。
Free copies are available at <http://sos.oregon.gov/business> using the Business Name Search program.

Assumed Business Name - Amendment (1/20)