



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. 假定企业名称:

ASSUMED BUSINESS NAME:

2. 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)

3. 签名: (授权代表或所有注册者必须签名。)

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): (Authorized Representative or All Registrants 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 be penalized by fines, imprisonment, or both.

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

必缴手续费

Required Processing Fee

50 美元

手续费恕不退还。支票抬头请写“公司部”。
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

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