



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: (即将注册)

名称的注册或存档并不授予该名称专有权或利益。名称可以注册; 但是, 其他人可能对该名称有优先权, 或该名称可能与其他名称过于相似, 并可能导致因有损他人业务或造成不公平竞争而对注册者提起法律诉讼的情况。

ASSUMED BUSINESS NAME: (To be registered)

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2. 业务描述: (主要业务活动)

DESCRIPTION OF BUSINESS: (Primary business activity)

4. 获授权代表所有者的人员:

(授权代表) (仅提供一个姓名)

WHO IS AUTHORIZED TO REPRESENT THE OWNERS:
(Authorized Representative) (One name only)

3. 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. 授权代表的邮寄地址:

MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

6. 所有者姓名 (注册者) 及其公开可用地址: (列出将以假定企业名称经营或交易业务的每个人或实体的名称和街道地址。) (如有需要, 另附纸张。)

NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

姓名 街道地址 市 州 邮政编码
Name Street Address City State Zip

7. 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"/> Wallowa |
| <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 |

8. 执行/签名：（所有所有者/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。

EXECUTION/SIGNATURE(S): (All owners/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.

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)

Assumed Business Name - New Registration (1/20)

费用

FEES

必缴手续费 50 美元

Required Processing Fee

假定企业名称存档有效期为 2 年

Assumed Business Name filings are good for 2 years

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".

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.