

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://sos.oregon.gov/business - 电话: (503) 986-2200 Phone: (503) 986-2200

_	记号: IISTRY NUMBER:				
我们: n acc	俄勒冈州修订法规第 192.410-192.490 款,本申请表所载信 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」 ordance with Oregon Revised Statute 192.410-192.490, the information on th ust release this information to all parties upon request and it will be posted o	는。 is application is public record.		仅供办公使用 For office use only	
青用 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)	合作性企业名称: NAME OF COOPERATIVE:				
2)	修正案通过、重申条款, 或解散日期: DATE OF ADOPTION OF AMENDMENT, RESTATED ARTICLES, OR DISSOLUTION:				
3)	成员投票情况: 投票赞成成员数目: MEMBER VOITE: Number of members voting for:		投票反对成员数目: Number of members voting against:		
4) 已修正条款: (说明条款编号,并陈述修正后的条款内容。) ARTICLES AMENDED: (State the article number(s) and set forth the article(s) as it is amended to read.)					
5)	B				
	有权投票的 有 受影响的股东数目	与权投票数目	投票赞成数目	投票反对数目	
	Number of affected shareholders entitled to vote Numb	er of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST	
本. 或 EXE I de mar	6) 执行: (必须至少由一名管理人员或董事签署。) 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: (Must be signed by at least one officer or director.) 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:	职/ Title	行 :	

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.)

161 - Articles of Amendment - Cooperative (1/20)

费用 FEES

必缴手续费

100 美元

Required Processing Fee \$100

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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