



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

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) **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: _____ 投票反对成员数目: _____
MEMBER VOTE: Number of members voting for: Number of members voting against:

4) **股东对决议的投票情况:** (如获授权)
SHAREHOLDER VOTE ON RESOLUTION: (If authorized)

获授权股东投票总数 Total number of authorized shareholder votes	通过决议所需的票数 Number of votes required for adoption	投票赞成数目 Number of votes cast FOR	投票反对数目 Number of votes cast AGAINST

投票日期: _____
DATE OF THE VOTE:

5) **执行:** (必须经至少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:

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 100 美元
Required Processing Fee \$100

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。
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