



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) 重申条款副本:
COPY OF RESTATED ARTICLES:

附件为重申条款副本。
Attached is a copy of the Restated Articles.

5) 仅勾选适当陈述:
CHECK ONLY THE APPROPRIATE STATEMENT:

受影响的股东无权投票。
Affected shareholders do not have the right to vote.

受影响的股东有权投票。
Affected shareholders have the right to vote.

股东投票情况如下:
The shareholder vote was as follows:

股份种类或系列 Class or series of shares	受影响的流通股数目 Number of affected shares outstanding	有权投票的股份数目 Number of shares entitled to vote	投票赞成数目 Number of votes cast FOR	投票反对数目 Number of votes cast AGAINST

6) 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:

职衔:
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。支票抬头请写“公司部”。
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

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