



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. 公司名称: _____
NAME OF CORPORATION: _____

2. 解散获授权的日期: _____
不许使用未来日期。
DATE DISSOLUTION WAS AUTHORIZED:
Future date not allowed.

3. 完整填写下方第 4 部分或第 5 部分。
COMPLETE EITHER SECTION 4 OR 5 BELOW.

4. 公司的股份尚未发行, 公司尚未开始营业。公司无未偿债务。解散已获大多数公司创办人或初始董事授权。
None of the corporation's shares have been issued and the corporation has not commenced business. No debt of the corporation remains unpaid. A majority of the incorporators or initial directors authorized this dissolution.

公司登记日期: _____
DATE OF INCORPORATION: _____

5. 勾选适当的陈述:
CHECK THE APPROPRIATE STATEMENT:

所有有权投票的股东以书面形式同意解散。
All shareholders entitled to vote consented in writing to the dissolution.

股东对解散决议的表决情况如下, 支持解散的投票数目足以获得批准。
Shareholder vote on the resolution to dissolve was as follows and the number of votes cast in favor of dissolution was sufficient for approval.

股份种类或系列 Class or series of shares	有权投票数目 Number of votes entitled to be cast	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:

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或公司任何管理人员、董事、员工或代理人的身份。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:
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation.
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)

Articles of Dissolution - Business/Professional (1/20)

费用

FEES

必缴手续费 100 美元
Required Processing Fee

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.