



**勾选下方适当的方框**  
Check the appropriate box below:

**修正**  
(仅完整填写 1、2、6、7)  
AMENDMENT  
(Complete only 1, 2, 6, 7)

**撤销**  
(仅完整填写 1、3、4、5、6、7)  
WITHDRAWAL  
(Complete only 1, 3, 4, 5, 6, 7)

**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) **名称:** \_\_\_\_\_  
NAME:

**初始登记申请日期:** \_\_\_\_\_  
INITIAL REGISTRATION DATE OF APPLICATION:

**仅限修正**  
AMENDMENT ONLY

2) **修正:** (修正内容如下。只可以修正合伙公司名称和主要营业地点。)  
AMENDMENT: (The amendment is as follows. Only the partnership name and principal place of business can be amended.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**仅限撤销通知**  
WITHDRAWAL NOTICE ONLY

3) **成立所在州或国家**  
STATE OR COUNTRY OF ORIGIN:

4) **邮寄地址:** (任何诉讼的发起者可以将送达州务卿的任何传票副本邮寄至此合伙公司的地址。)  
MAILING ADDRESS: (Address to which the person initiating any proceeding may mail to this partnership a copy of any process served on the Secretary of State.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) **通知:**  
NOTIFICATION:

自本撤销之日起为五年，此邮寄地址如有任何变更，有限责任合伙企业将告知企业注册中心的公司部。

The Limited Liability Partnership will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.

6) **执行:** (至少一名合伙人必须签名。)

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任何个人（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: (At least one partner 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.)

141 - Amendment Withdrawal - Foreign Limited Liability Partnership (1/20)

**费用**  
FEES

必缴手续费 275 美元  
Required Processing Fee \$275

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。  
Free copies are available at <http://sos.oregon.gov/business>, using the Business Name Search program.