



勾选下方适当的方框:

Check the appropriate box below:

修正授权申请
(仅完整填写 1、2、8)

AMENDMENT TO APPLICATION FOR AUTHORITY
(Complete only 1, 2, 8)

撤销交易授权
(仅完整填写 3、4、5、6、7、8)

WITHDRAWAL OF AUTHORITY TO TRANSACT
(Complete only 3, 4, 5, 6, 7, 8)

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.

仅修正申请

AMENDMENT TO APPLICATION ONLY

1) **实体名称:**

ENTITY NAME:

2) **修正:** (修正内容如下。)

AMENDMENT: (The amendment is as follows.)

仅撤销办理业务权力

WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS ONLY

3) **名称:**

NAME:

4) **登记所在州或国家:**

STATE OR COUNTRY OF INCORPORATION:

5) **该公司未在俄勒冈州进行业务交易, 并且放弃了其在俄勒冈州进行业务交易的权限。**

THIS CORPORATION IS NOT TRANSACTING BUSINESS IN OREGON, AND SURRENDERS ITS AUTHORITY TO TRANSACT BUSINESS IN OREGON.

6) **此公司撤销其注册代理人代表其接受服务的权力, 并在其获授权在俄勒冈州办理业务期间发生的任何基于起诉理由的诉讼中, 委任州务卿作为其传票送达代理人。**

THIS CORPORATION REVOKES THE AUTHORITY OF ITS REGISTERED AGENT TO ACCEPT SERVICE ON ITS BEHALF AND APPOINTS THE SECRETARY OF STATE AS ITS AGENT FOR SERVICE OF PROCESS IN ANY PROCEEDING BASED ON A CAUSE OF ACTION ARISING DURING THE TIME IT WAS AUTHORIZED TO TRANSACT BUSINESS IN OREGON.

7) **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公司的地址。自本撤销之日起为五年, 此邮寄地址如有任何变更, 公司将告知企业注册中心的公司部。)

MAILING ADDRESS: (The address to which the person initiating any proceeding may mail to this Corporation a copy of any process served on the Secretary of State. The Corporation 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.)

8) **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: (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 50 美元

Required Processing Fee

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.