



勾选下方适当的方框

Check the appropriate box below:

修正或重申

(仅完整填写 1、2、7)

AMENDMENT OR RESTATEMENT
(Complete only 1, 2, 7)

取消证明

(仅完整填写 1、3、4、5、6、7)

CERTIFICATE OF CANCELLATION
(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: _____

修正或重申

AMENDMENT OR RESTATEMENT

2) 对有限合伙公司的证明作出以下修正:

(说明条款编号，并陈述修正后的整个条款内容，或随附完整的有限合伙公司重申后证明的副本。)

THE FOLLOWING AMENDMENT(S) TO THE CERTIFICATE OF LIMITED PARTNERSHIP IS MADE:

(State the section number(s) and set forth the entire section(s) as it is amended to read, or attach a copy of the entire restated certificate of limited partnership.)

取消证明

CERTIFICATE OF CANCELLATION

3) 取消生效

EFFECTIVE DATE OF CANCELLATION: _____

(若无规定，则生效日期为公司部提交的日期。)

(If none is stated, the effective date will be the date filed by the Corporation Division.)

完成以下4、5、或6部分。

COMPLETE SECTION 4, 5, OR 6 BELOW.

4) 提交取消证明的原因

REASON FOR FILING CERTIFICATE OF CANCELLATION: _____

5) 该有限合伙公司转变为合伙公司。合伙公司名称为:

THIS LIMITED PARTNERSHIP WAS CONVERTED TO A PARTNERSHIP. THE NAME OF THE PARTNERSHIP IS: _____

6) 该有限合伙公司与合伙公司或有限合伙公司合并。合并后名称是:

THIS LIMITED PARTNERSHIP MERGED WITH A PARTNERSHIP OR LIMITED PARTNERSHIP. THE SURVIVOR'S NAME IS: _____

7) **执行:** (至少一名现有普通合伙人以及每位新的普通合伙人必须签名。)

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 existing general partner and each new general 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.)

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."

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