



尚存者登记号: _____
SURVIVOR 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. 母公司名称: _____
NAME OF PARENT CORPORATION:

俄勒冈州登记号: _____
Oregon Registry Number:

2. 子公司名称: _____
NAME OF SUBSIDIARY CORPORATION:

俄勒冈州登记号: _____
Oregon Registry Number:

3. 尚存公司名称: _____
NAME OF SURVIVING CORPORATION:

4. 俄勒冈州公司和有限责任公司要求:
Oregon Corporation and Limited Liability Company Requirement:

俄勒冈州公司和有限责任公司遵守众议院法案第 2191 款, 随附一份包含主要营业地点和直接知情人员的信息变更表。
Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form that includes the Principal Place of Business and Individual with Direct Knowledge.

5. 选择下列其中一项:
Select one of the following:

随附兼并计划副本。
A copy of the plan of merger is attached.

兼并计划存档地址。
Address where the plan of merger is on file.

地址 _____
Address

市 _____ 州 _____ 邮政编码 _____
City State Zip Code

副本将根据要求免费提供给任何所有者、成员或股东。兼并各方(如法规所规定)均根据管理企业实体的法规获得授权和批准。

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the merger obtained authorization and approval in accordance with the statutes that govern the business entity.

6. 选择下列其中一项:
Select one of the following:

兼并计划或摘要副本已于下列日期当日或之前邮寄给子公司记录中的每位股东 _____ 日期
A copy of the plan of merger or summary was mailed to each shareholder of record of the subsidiary corporation on or before Date

所有流通股已放弃该计划或摘要副本的邮寄。
The mailing of a copy of the plan or summary was waived by all outstanding shares.

7. 兼并计划已由参与兼并的每个实体正式授权和批准:

The plan of merger was duly authorized and approved by each entity that is party to the merger.

随附每个实体所需的投票副本。
A copy of the vote required by each entity is attached.

或:
OR:

无需股东批准。
Shareholder approval was not required.

8. 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(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:
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)

Articles of Merger 90% (1/20)

费用

FEES

非营利必缴手续费 50 美元
Nonprofit Required Processing Fee

国内必缴手续费 100 美元
Domestic Required Processing Fee

国外必缴手续费 275 美元
Foreign 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.