



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. 提议兼并的实体名称和类型:

NAMES AND TYPES OF THE ENTITIES PROPOSING TO MERGE:

名称:
NAME:

实体类型:
ENTITY TYPE:

登记号:
REGISTRY NUMBER:

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. 尚存实体名称和类型:

NAME AND TYPE OF SURVIVING ENTITY:

兼并计划中如有名称变更, 请勾选此处。
Check here if there is a name change in the plan of merger.

3. 俄勒冈州公司和有限责任公司要求:

OREGON CORPORATION AND LIMITED LIABILITY 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 或文件。

Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form or document that includes the Principal Place of Business and Individual with Direct Knowledge.

4. 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.

或:
OR:

兼并计划存档于尚存实体的地址。
The plan of merger is on file at the address of the surviving entity.

地址
Address

市
City

州
State

邮政编码
Zip Code

副本将根据要求免费提供给任何所有者、成员或股东。
A copy will be provided upon request to any owner, member or shareholder at no cost.

如果兼并计划修改了组织/公司登记条款, 请随附尚存实体的重申条款。
If the plan of merger amends the articles of organization/incorporation, attach the restated articles of the surviving entity.

在兼并计划中注明生效日期和时间 (如果不是在提交这些条款时): _____
State effective date and time in plan of merger if other than when these articles are filed:

5. 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 a 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.

6. 执行: (必须由公司管理人员或董事、有限责任公司的成员或经理、有限合伙公司的普通合伙人, 或有限责任合伙公司的合伙人签署。)

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 an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

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 (1/20)

费用	
FEES	
非营利必缴手续费 Nonprofit Required Processing Fee	50 美元
国内必缴手续费 Domestic Required Processing Fee	100 美元
国外必缴手续费 Foreign Required Processing Fee	275 美元

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.