



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. 实体名称: _____
ENTITY NAME:

2. 解散获授权的日期: _____
DATE DISSOLUTION WAS AUTHORIZED:

该解散已获董事会充分投票批准。
The dissolution was approved by a sufficient vote of the board.

3. 勾选适当的陈述:
CHECK THE APPROPRIATE STATEMENT:

无需成员批准, 且解散已获董事会或公司创办人的充分投票批准。
Approval of members was not required and dissolution was approved by a sufficient vote of the board of directors

需要成员批准。
Membership approval was required. or incorporators.

投票情况如下:
The vote was as follows:

有权投票类别 Class(es) entitled to vote	有权投票成员数目 Number of members entitled to vote	有权投票数目 Number of votes entitled to be cast	投票赞成数目 Number of votes cast FOR	投票反对数目 Number of votes cast AGAINST

4. 解散通知: (公益和宗教公司)

通过向公司部提交此表格, 即表明您已经确认该解散通知还已经发送至司法部长慈善活动组。

(如需更多信息, 请查看: <http://www.doj.state.or.us/charigroup/pages/howtoclose.aspx>)

NOTICE OF DISSOLUTION: (Public benefit and religious corporations)
By submission of this form to the Corporation Division, you are acknowledging that notice of dissolution has also been sent to the Charitable Activities Section of the Attorney General.
(For more information, see: <http://www.doj.state.or.us/charigroup/pages/howtoclose.aspx>)

5. 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: 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 Dissolution - Nonprofit (1/20)

费用

FEES

必缴手续费 50 美元
Required Processing Fee \$50

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。
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