



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) 公司名称: \_\_\_\_\_  
NAME OF CORPORATION:

2) 公司新名称: (若已变更) \_\_\_\_\_  
NEW NAME OF THE CORPORATION: (If changed)

3) 必须随附重申条款附本。  
A COPY OF THE RESTATED ARTICLES MUST BE ATTACHED.

4) 勾选适当的陈述:  
CHECK THE APPROPRIATE STATEMENT:

重申条款包含无需成员批准的修正。修正和重申条款的通过日期为 \_\_\_\_\_。这些修正获董事会正式通过。  
The restated articles contain amendments which do not require membership approval. The date of the adoption of the amendments and restated articles was \_\_\_\_\_ . These amendments were duly adopted by the board of directors.

重申条款包含需要成员批准的修正。修正和重申条款的通过日期为 \_\_\_\_\_。  
The restated articles contain amendments which require membership approval. The date of the adoption of the amendments and restated articles was \_\_\_\_\_.

成员投票情况如下:  
The vote of the members 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

5) 执行: (必须经至少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 \$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。  
Free copies are available at <http://sos.oregon.gov/business> using the Business Name Search program.