



SURVIVOR REGISTRY NUMBER: _____

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.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1. NAME OF PARENT CORPORATION: _____

Oregon Registry Number: _____

2. NAME OF SUBSIDIARY CORPORATION: _____

Oregon Registry Number: _____

3. NAME OF SURVIVING CORPORATION: _____

4. Oregon Corporation and Limited Liability Company Requirement:

Oregon Corporations and Limited Liability Companies must include the Principal Place of Business and Individual with Direct Knowledge. Include it in you document or attach an [information change form](#).

5. Select one of the following:

A copy of the plan of merger is attached.

Address where the plan of merger is on file.

Address _____

City _____ State _____ Zip Code _____

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. Select one of the following:

A copy of the plan of merger or summary was mailed to each shareholder of record of the subsidiary corporation on or before _____
Date

The mailing of a copy of the plan or summary was waived by all outstanding shares.

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

A copy of the vote required by each entity is attached.

OR:

Shareholder approval was not required.

8. 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.

Signature:

Printed Name:

Title:

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

FEES

Nonprofit Required Processing Fee	\$50
Domestic Required Processing Fee	\$100
Foreign Required Processing Fee	\$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division". Free copies are available at sos.oregon.gov/business using the Business Name Search program.