



登记号: \_\_\_\_\_  
REGISTRY NUMBER: \_\_\_\_\_  
仅供办公使用  
For office use only

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.

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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) 合作性企业名称: \_\_\_\_\_  
NAME OF COOPERATIVE:

2) 注册代理人: \_\_\_\_\_  
REGISTERED AGENT:

8) 会员股票: \_\_\_\_\_  
MEMBERSHIP STOCK:

3) 注册代理人的公开可用地址:  
(必须为俄勒冈州街道地址, 且与注册代理人的办公室地址相同。必须包含市、州、邮政编码; 无邮政信箱。)  
REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:  
(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)

A. 如没有会员股票, 则注明会员费和会员资格转让的限制 (如果有)。  
If there is no membership stock, state the amount of the membership fee and the limitations, if any, on the transfer of membership.

4) 通知邮寄地址: \_\_\_\_\_  
MAILING ADDRESS FOR NOTICES:

B. 如果有会员股票, 请注明股票类别和适用于此类股票的转让限制 (如果有)。  
If there is membership stock, state the classes of stock and the limitations on transfer, if any, applicable to such stock.

5) 组成初始董事会的董事数目: \_\_\_\_\_  
NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS:

9) 资产分配基础: (如公司解散或清盘。)  
BASIS OF DISTRIBUTION OF ASSETS: (In the Event of Dissolution or Liquidation.)

6) 组织合作性企业的目的: \_\_\_\_\_  
PURPOSE FOR WHICH COOPERATIVE IS ORGANIZED:

10) 选填条款: (请另附纸张。)  
OPTIONAL PROVISIONS: (Please attach a separate sheet.)

7) 股本: (请注明每个获授权股票类别的股份数目及面值 (如果有)。如果有多个类别获得授权, 请注明每个类别的指示、首选项、限制和相关权利。)  
CAPITAL STOCK: (Indicate the number and par value, if any, of shares of each authorized class of stock. If more than one class is authorized, indicate the designation, preferences, limitation, and relative rights of each class.)

11) 每个公司创办人的姓名和地址: \_\_\_\_\_  
NAME AND ADDRESS OF EACH INCORPORATOR:

12) **执行:** (所有公司创办人必须签名。)

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: (All Incorporators must sign.)

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)

\_\_\_\_\_  
160 - Articles of Incorporation - Cooperative (1/20)

**费用**  
FEES

必缴手续费 100 美元  
Required Processing Fee \$100

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) 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.