



163 - Articles of Dissolution - Cooperative (1/20)

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://sos.oregon.gov/business - 电话: (503) 986-2200 Phone: (503) 986-2200

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室 に 号: REGISTRY NUMBER:			
根据俄勒冈州修订法规第 192.410-192.490 款,本申 我们必须根据要求向各方发布此信息,并将其公布在利 In accordance with Oregon Revised Statute 192.410-192.490, the information or We must release this information to all parties upon request and it will be poste	们的网站上。 I this application is public record.		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,身 Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.	引加纸张。		
1) 合作性企业名称: NAME OF COOPERATIVE:			
2) 修正案通过、重申条款,或解散日期: DATE OF ADOPTION OF AMENDMENT, RESTATED ARTICLES, OR DISSOLU	TION:		
3) 成员投票情况: 投票赞成成员数目: Number of members voting for:	;	O票反对成员数目: umber of members voting against:	
4) 股东对决议的投票情况: (如获授标 SHAREHOLDER VOTE ON RESOLUTION: (If authorized)	ζ)		
获授权股东投票总数	通过决议所需的票数	投票赞成数目	投票反对数目
Total number of authorized shareholder votes	Number of votes required for adoption	Number of votes cast FOR	Number of votes cast AGAINST
10.35 m 40			
投票日期: DATE OF THE VOTE:			
5) 执行: (必须经至少一名管理人员或 本人以授权签署人身份声明,根据作伪受罚的 或代理人)的身份。本人已检查此档案,据本 EXECUTION: (Must be signed by at least one officer or director.) I declare as an authorized signer, under penalty of perjury, that this documen examined by me and is, to the best of my knowledge and belief, true, correct	规定,本文件不会以欺诈方式隐瞒 人所知所信,档案真实、正确且完 t does not fraudulently conceal, obscure, alter, or otherwis	E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。ectors, employees, members, managers or agents. This filing has been
签名: Signature:	印刷体姓名: Printed Name:	<u>F</u>	识: rile:
联系人姓名: (需解决本档案的相关问题。) CONTACT NAME: (To resolve questions with this filing.)	į	费用	
		必缴手续费 100 美元 Required Processing Fee \$100	
电话号码: (包括区号。) PHONE NUMBER: (Include area code.)		手续费恕不退还。 支票抬头请写"公司部"。 Processing Fees are nonrefundable.	
		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。	