



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  
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- 商业公司** (完整填写第 1、2、3、4、5、6、9、12 项。第 7、8、10、11 项为选填。)  
BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 6, 9 and 12. Items 7, 8, 10 and 11 are optional.)
- 专业公司** (完整填写所有项目。注: 第 8、10、11 项为选填。)  
PROFESSIONAL CORPORATION (Complete all Items. Note: Item 8, 10 and 11 are optional.)

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:** \_\_\_\_\_  
注: 对于商业公司, 名称必须包含 "Corporation"、"Company"、"Incorporated" 或 "Limited" 一词, 或者此类词语其中之一的缩写。对于专业公司, 名称必须包含 "Professional Corporation" 一词或其缩写, 即 "P.C." 或 "Prof. Corp"。

NAME OF CORPORATION:  
NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words.  
For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C." or "Prof. Corp".

2. **主要办事处:** (必须为实际街道地址)  
PRINCIPAL OFFICE: (Must be a physical street)

8. **选填条款:** (如有需要, 另附纸张。)  
OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

**受益公司:** 该公司为 ORS 第 60.750 - 60.770 款规定的受益公司。 (适用其他要求)  
BENEFIT COMPANY: The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)

3. **注册代理人:** (接受此企业法律服务的个人或实体)  
REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

**免责:** 根据 ORS 第 58.185 或 60.387 - 60.414 款, 公司选择豁免其董事、管理人员、员工、代理人的责任和相开销。  
INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.

4. **注册代理人的公开可用地址:**  
(必须为俄勒冈州街道地址, 与注册代理人的办公室是同一地址。)  
REGISTERED AGENT'S PUBLICLY AVAILABLE  
(Must be an Oregon Street Address, which is identical to registered agent's office.)

**参阅附件**  
SEE ATTACHED

9. **此企业由谁创办?** (公司创办人)

列出每位公司创办人的姓名和地址。  
如有需要, 另附纸张。  
WHO IS FORMING THIS BUSINESS? (INCORPORATORS)  
List names and addresses of each incorporator.  
Attach a separate sheet if necessary.

5. **可供部门邮寄通知的地址:**  
ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

6. **股份数目:** (必须至少一股已上市。)  
NUMBER OF SHARES: (At least one share must be listed.)

列出初始董事长和秘书的姓名和地址 (您的银行可能需要)  
LIST INITIAL PRESIDENT AND SECRETARY NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

7. **如果提供一项或多项授权的专业服务, 请描述正在提供的服务:**

(仅限专业公司) ORS 第 58.015(5)(m) 款

IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.  
(PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)

10. **初始董事长** (姓名和地址)  
INITIAL PRESIDENT (Name and Address)

**11. 初始秘书 (姓名和地址)**  
INITIAL SECRETARY (Name and Address)

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

**12. 直接知情人员**

列出至少一名人员的姓名和地址，此人是公司董事、控股股东或直接知悉公司运营和业务活动的授权代表。

INDIVIDUAL WITH DIRECT KNOWLEDGE  
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.

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

**13. 执行/此企业每位创办者的签名: (公司创办人)**

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或公司任何管理人员、董事、员工或代理人的身份。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/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:  
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. 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 100 美元  
Required Processing Fee \$100

手续费恕不退还。支票抬头请写“公司部”。  
Processing Fees are nonrefundable. 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.