



**勾选下方适当的方框**

Check the appropriate box below:

**登记申请更正**

(仅完整填写 1、2、3、7)

CORRECTION OF APPLICATION OF REGISTRATION  
(Complete only 1, 2, 3, 7)

**登记取消证明**

(仅完整填写 1、2、4、5、6、7)

CERTIFICATE OF CANCELLATION OF REGISTRATION  
(Complete only 1, 2, 4, 5, 6, 7)

**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) 有限合伙公司名称**

NAME OF LIMITED PARTNERSHIP: \_\_\_\_\_

**2) 创办所在州或国家**

STATE OR COUNTRY OF FORMATION: \_\_\_\_\_

**仅限申请更正**

CORRECTION OF APPLICATION ONLY

**3) 外来有限合伙公司注册申请更正如下:**

THE CORRECTION(S) TO THE APPLICATION FOR REGISTRATION OF FOREIGN LIMITED PARTNERSHIP IS AS FOLLOWS:

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

**取消证明**

CERTIFICATE OF CANCELLATION

**4) 该有限合伙公司不在俄勒冈州办理业务:**

THE LIMITED PARTNERSHIP IS NOT TRANSACTING BUSINESS IN OREGON:

真实

TRUE

**5) 撤销权力:** (有限合伙公司撤销其俄勒冈州注册代理人在提报取消证明之前, 基于发生在俄勒冈州的任何交易、活动或事件而接受传票、通知或要求送达服务, 以及同意传票、通知或要求送达服务的权利, 可以随后通过送达州务卿来实现送达有限合伙公司。)

REVOCATION OF AUTHORITY: (The limited partnership revokes the authority of its registered agent in the State of Oregon to accept service of process, notice, or demand and consents that service of process, notice, or demand in any action, suit, or proceeding based upon any transaction, event, or occurrence that took place in Oregon prior to the filing of the certificate of cancellation may thereafter be made on the limited partnership by service on the Secretary of State.)

是

YES

**6) 邮寄地址:** (任何诉讼的发起者可以将已送达州务卿的任何传票、通知或要求的副本邮寄至此有限合伙公司的邮寄地址。)

MAILING ADDRESS: (Mailing address to which the person initiating any proceeding may mail to the limited partnership a copy of any process, notice or demand that has been served on the Secretary of State.)

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

7) **执行:** (至少一名普通合伙人必须签字同意更正和取消。)

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: (At least one General Partner must sign for Correction and Cancellation.)

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.)

**费用**

FEES

必缴手续费 275 美元  
Required Processing Fee \$275

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."

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