



勾选下方适当的方框
Check the appropriate box below:

修正
(仅完整填写 1、2、3、4、7)
AMENDMENT
(Complete only 1, 2, 3, 4, 7)

取消
(仅完整填写 1、2、5、6、7)
CANCELLATION
(Complete only 1, 2, 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) **名称:** _____
NAME:

2) **初始登记申请日期:** _____
INITIAL REGISTRATION DATE OF APPLICATION:

仅限修正
AMENDMENT ONLY

3) **修正:** (声明修正文本。)
AMENDMENT(S): (State the text of the amendment(s))

4) **通过日期:** (修正于下述日期获通过。如果获通过的修正多于一项，则注明每项修正的通过日期。)

ADOPTION DATE: (The amendment(s) was adopted on the following date. If more than one amendment was adopted, identify the date of adoption of each amendment.)

仅限取消通知
CANCELLATION NOTICE ONLY

5) **取消通知**
CANCELLATION NOTICE:

正在撤销合伙公司作为有限责任合伙公司的登记

The registration of the partnership as a Limited Liability Partnership is being withdrawn.

6) **批准**
APPROVAL:

该取消已获合伙公司投票批准。
This cancellation has been approved by partnership vote.

7) 执行：（至少一名合伙人必须签名。）

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 partner 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:

职衔
Title or Capacity:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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。
Processing Fees are nonrefundable.

支票抬头请写“公司部”
Please make check payable to "Corporation Division."

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