

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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		仅供办公使用 For office use only			
戈们 n acco /e mu	必须根据要求向包 Irdance with Oregon Revi Ist release this informatio	观第 192.410-192.490 款,本申请家 各方发布此信息,并将其公布在我们 sed Statute 192.410-192.490, the information on this n to all parties upon request and it will be posted on	的网站上 application is public record. our website.		仅供办公使用 For office use only
lease	Type or Print Legibly in B	地打印或书写。如有需要,另加 ack Ink. Attach Additional Sheet if Necessary. 包含词语 "Limited Liability words "Limited Liability Partnership" or the abbrevia		词 "	"LLP" 或 "L.L.P.")
2)	主要办事处地 PRINCIPAL OFFICE ADDR	B址 ESS:		5)	至少两位合伙人的姓名和地址 NAME AND ADDRESS OF AT LEAST TWO PARTNERS:
3)	可供部门邮 ADDRESS WHERE THE D	寄通知的地址: Invision may mail notices:			
4)	主要业务活适 BRIEF STATEMENT OF P	动简要说明: RIMARY BUSINESS ACTIVITY:		6)	如果提供一项或多项专业服务,请描述正在提供的服务: IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:
				7) إ	此登记已获合伙公司投票批准 THIS REGISTRATION HAS BEEN APPROVED BY PARTNERSHIP VOTE.
8)	本人以授权签员、经理或代施的处罚。 EXECUTION: (Each Partideclare as an authoriz	理人)的身份。本人已检查此标 ner must sign.) ed signer, under penalty of perjury, that this docume	当案,据本人所知所信,档案 nt does not fraudulently conceal, obscure, alter	读真 s	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 herwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has I ument 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:
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联系人姓名: (需解决本档案的相关问题。)

电话号码: (包括区号。) PHONE NUMBER: (Include area code.)

130 - Application for Registration - Limited Liability Partnership (1/20)

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."

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