Application for Authority to Transact Business - Business/Professional

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

Check the appropriate box below:

☐ FOREIGN BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

☐ FOREIGN PROFESSIONAL CORPORATION
(Complete all items)

REGISTRY NUMBER: _____
For office use only

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. For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME OF CORPORATION:** _____

NOTE: Must be identical to the name of record in home jurisdiction.

2) **REGISTRY NUMBER IN HOME JURISDICTION** _____

OR: **CERTIFICATE OF EXISTENCE** ☐ **(ATTACHED)**

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) **DATE OF INCORPORATION:** _____ **DURATION, IF NOT PERPETUAL:** _____

4) **STATE OR COUNTRY OF ORGANIZATION:** _____

5) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:**
(Address, city, state, zip)
_____
_____

6) **NAME OF OREGON REGISTERED AGENT:**
_____

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an **Oregon Street Address** which is identical to the registered agent's business office.)
_____
_____

8) **ADDRESS FOR MAILING NOTICES:**
_____
_____
_____

9) **NAME AND ADDRESS OF PRESIDENT AND SECRETARY:**
President: _____
Address: _____
_____
Secretary: _____
Address: _____
_____

PROFESSIONAL CORPORATION ONLY

10) **PROFESSIONAL/BUSINESS SERVICES:** **(List professional service(s) and** other business services, if applicable, to be rendered.)
_____
_____

11) **EXECUTION:** (Must be signed by at least one authorized signer.)
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.

Signature: _____ Printed Name: _____ Title: _____

CONTACT NAME: (To resolve questions with this filing.)
_____

PHONE NUMBER: (Please include area code.)
_____

FEES

Required Processing Fee $275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.