# INFORMATION CHANGE

Corporation Division
sos.oregon.gov/business

**E-FILED**
Jun 11, 2025
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

241518091

**REGISTRATION DATE**

05/27/2025

**BUSINESS NAME**

THE TRAUMA DROP LLC

**BUSINESS ACTIVITY**

OUTREACH AND ENGAGEMENT TEAM SPECIALIZING IN MOBIL CRISIS RESPONSE THAT IS THE TRUE DEFINITION OF MOBILE BECAUSE WE CAN BE ANYWHERE IN THE STATE IN LESS THA 24 HOURS

**TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

**JURISDICTION**

OREGON

**MAILING ADDRESS**

1776 WASHBURN WAY
KLAMATH FALLS OR 97603 USA

**PRIMARY PLACE OF BUSINESS**

1731 LAKESHORE DR
KLAMATH FALLS OR 97601 USA

**REGISTERED AGENT**

KEVIN RAYMOND KOSIK
1731 LAKESHORE DR
KLAMATH FALLS OR 97601 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

**MEMBER**

KEVIN KOSIK
1731 LAKESHORE DR
KLAMATH FALLS OR 97601 USA

**MEMBER**

SHARRIFO NOOR
7307 SE 133RD PL
PORTLAND OR 97236 USA

**INDIVIDUAL WITH DIRECT KNOWLEDGE**

KEVIN RAYMOND KOSIK
3374 SE HOLGATE BLVD
PORTLAND OR 97202 USA

I declare, 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, managers, members or agents of the limited liability company on behalf of which the person signs. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

KEVIN KOSIK

**TITLE**

MANAGING PARTNER

**DATE**

06-11-2025