INFORMATION CHANGE

Corporation Division
sos.oregon.gov/business

E-FILED
Jun 13, 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

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

OWNER

DATE

06-13-2025