INFORMATION CHANGE

Corporation Division
sos.oregon.gov/business

E-FILED
Dec 15, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

241518091

REGISTRATION DATE

05/27/2025

BUSINESS NAME

THE TRAUMA DROP LLC

BUSINESS ACTIVITY

OFFICE OF BEHAVIORAL HEALTH AND SOCIAL SERVICE WORKER THAT PROVIDES VULNERABLE MEMBERS OF THE COMMUNITY TO CONNECT WITH RESOURCES AND NAVIGATE A COMPLEX SYSTEM OF CARE AVAILABLE TO THEM AND WE PROVIDE ALL OF THE HRSN SERVICES AS WELL

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION

OREGON

MAILING ADDRESS

555 SE MARTIN LUTHER KING JR BLVD
SUITE 3028
PORTLAND OR 97214 USA

PRIMARY PLACE OF BUSINESS

555 SE MARTIN LUTHER KING JR BLVD
SUITE 3028
PORTLAND OR 97214 USA

REGISTERED AGENT

KEVIN RAYMOND KOISIK
3374 SE HOLGATE BLVD
PORTLAND OR 97202 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

THIERNO SANOU BALDE
3374 SE HOLGATE BLVD
PORTLAND OR 97202 USA

INDIVIDUAL WITH DIRECT KNOWLEDGE

KEVIN RAYMOND KOSIK
3374 SE HOLGATE BLVD
PORTLAND OR 97202 USA

INDIVIDUAL WITH DIRECT KNOWLEDGE

THIERNO SANOU BALDE
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 SIGNATURES

NAME

KEVIN RAYMOND KOSIK

TITLE

AUTHORIZED AGENT

DATE

12-15-2025

NAME

THIERNO SANOU BALDE

TITLE

MEMBER

DATE

12-15-2025