

No. W 55823		Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRAUM, LLC ROBERT BEAMS P.O. BOX 2588 EAGLE ID 83616		ROBERT BEAMS 1442 HEYBURN AVE EAST TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ROBERT BEAMS	P.O. BOX	EAGLE	ID	USA	83616	
MEMBER	MARK BEAMS	1442 HEYBURN AVE E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 55823		6. Annual Report must be signed.* Signature: Robert Beams Name (type or print): Robert Beams					
		Date: 09/02/2014 Title: Member					
Processed 09/02/2014		* Electronically provided signatures are accepted as original signatures.					