

No. W 55823	Due no later than Oct 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	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			
		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	1442 HEYBURN AVE E	TWIN FALLS	ID	83301
MEMBER	MARK BEAMS	1442 HEYBURN AVE E	TWIN FALLS	ID	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: 10/25/2015 Title: Member				
Processed 10/25/2015		* Electronically provided signatures are accepted as original signatures.			