

No. <b>W 55823</b>		<b>Due no later than Oct 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID W 55823</b>		6. Annual Report must be signed.* Signature: Robert Beams Name (type or print): Robert Beams Date: 09/14/2016 Title: Member			
Processed 09/14/2016		* Electronically provided signatures are accepted as original signatures.			