

No. W 45131		Due no later than Dec 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRY HEALTH CARE SOLUTIONS, LLC THOMAS R YERDEN PO BOX 98 NORTH FORK ID 83466		THOMAS R YERDEN 386 FOURTH OF JULY CREEK RD NORTH FORK ID 83466	
				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	THOMAS R YERDEN	386 FOURTH OF JULY CREEK RD	NORTH FORK	ID	83466
5. Organized Under the Laws of: CO W 45131		6. Annual Report must be signed.* Signature: Thomas R Yerden Name (type or print): Thomas R Yerden Date: 10/18/2015 Title: CEO			
Processed 10/18/2015		* Electronically provided signatures are accepted as original signatures.			