

No. W 45131

Due no later than December 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TRY HEALTH CARE SOLUTIONS, LLC
THOMAS R YERDEN
~~286 FOURTH OF JULY CREEK RD~~
NORTH FORK, ID 83466

P.O. Box 98

THOMAS R YERDEN
386 FOURTH OF JULY CREEK RD
NORTH FORK, ID 83466

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

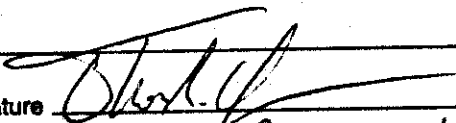
Office held	Name	Street or P.O. Address	City	State	Zip
	Manager Thomas R. Yerden	P.O. Box 98	North Fork	ID	83466

5. Organized Under the Laws of:
COLORADO
W 45131

6.

Signature

Name (Typed or Printed)


THOMAS R. YERDEN

Date

10/15/07

Title

MANAGER

Issued 10/01/2007

Do Not Tape or Staple

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