

No. W 45131

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

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

NO FILING FEE IF
RECEIVED BY DUE DATE

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

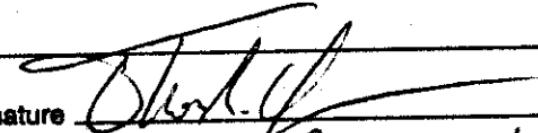
TRY HEALTH CARE SOLUTIONS, LLC
THOMAS R YERDEN
~~386 FOURTH OF JULY CREEK RD~~ P.O. Box 98
NORTH FORK, ID 83466

3. New Registered Agent Signature

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

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

5. Organized Under the Laws of:
COLORADO
W 45131

6. 
Signature Thomas R. Yerden Date 10/15/07
Name (Type or Print) Thomas R. Yerden Title MANAGER

Issued 10/01/2007

Do Not Tape or Staple

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