

No. <b>W 45131</b>		<b>Due no later than Dec 31, 2011</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>  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	USA	83466	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>CO</b> <b>W 45131</b>		Signature: Thomas R. Yerden				Date: 10/17/2011	
		Name (type or print): Thomas R. Yerden				Title: Ceo	
Processed 10/17/2011		* Electronically provided signatures are accepted as original signatures.					