

No. W 24986	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX RICHARD R FERGUSON 545 MAPLE DR REXBURG, ID 83440																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAINS & STRINGS CHAMBER MUSIC R 545 MAPLE DR REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Richard Ferguson</td> <td>545 Maple Dr.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Manager</td> <td>Kara Lyn Ferguson</td> <td>545 Maple Dr.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Richard Ferguson	545 Maple Dr.	Rexburg	ID	83440	Manager	Kara Lyn Ferguson	545 Maple Dr.	Rexburg	ID	83440
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Manager	Kara Lyn Ferguson	545 Maple Dr.	Rexburg	ID	83440																
5. Organized Under the Laws of: IDAHO W 24986	6. Signature <u>Richard R. Ferguson</u> Date <u>5-10-05</u> Name <small>(Type or Print)</small> <u>Richard R. Ferguson</u> Title <u>Manager</u>																				

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Do Not Tape or Staple

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