

<b>No. C 102833</b>	<b>Due no later than Jul 31, 2002 Annual Report Form</b>		2. Registered Agent and Office <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>	1. Mailing Address - Correct in this box, if applicable  MUSICARE, INC. GLYNN R SCHOLLE PO BOX 511  MENDON, UT 84325		CHRIS SCHOLLE 392 FALLS AVE  TWIN FALLS, ID 83301																			
3. <u>New</u> Registered Agent Signature																						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																						
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President/ SEC</td> <td>CHRIS SCHOLLE</td> <td>P.O. Box 511</td> <td>MENDON</td> <td>UT</td> <td>84325</td> </tr> <tr> <td>Director</td> <td>Glynn Scholle</td> <td>P.O. Box 511</td> <td>MENDON</td> <td>UT</td> <td>84325</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>	President/ SEC	CHRIS SCHOLLE	P.O. Box 511	MENDON	UT	84325	Director	Glynn Scholle	P.O. Box 511	MENDON	UT	84325
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
President/ SEC	CHRIS SCHOLLE	P.O. Box 511	MENDON	UT	84325																	
Director	Glynn Scholle	P.O. Box 511	MENDON	UT	84325																	
5. Organized Under the Laws of:  IDAHO C 102833		6. Signature <u>C. Scholle</u> Date <u>5/11/02</u> Name (Typed or Printed) <u>CHRIS SCHOLLE</u> Title <u>President</u>																				