

No. C 102833	Due no later than July 31, 2008 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 NO FILING FEE IF RECEIVED BY DUE DATE	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. New Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President</td><td>Chris Scholle</td><td>392 Falls Ave</td><td>Twin Falls</td><td>ID</td><td>83301</td></tr><tr><td>Sec</td><td>Glynn Scholle</td><td>392 Falls Ave</td><td>Twin Falls</td><td>ID</td><td>83301</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Chris Scholle	392 Falls Ave	Twin Falls	ID	83301	Sec	Glynn Scholle	392 Falls Ave	Twin Falls	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Chris Scholle	392 Falls Ave	Twin Falls	ID	83301																	
Sec	Glynn Scholle	392 Falls Ave	Twin Falls	ID	83301																	
5. Organized Under the Laws of: IDAHO C 102833		6. Signature <u>Chris Scholle</u> Date <u>7/21/08</u> Name (Typed or Printed) <u>Chris Scholle</u> Title <u>Officer</u>																				

Issued 05/02/2008

Do Not Tape or Staple

200807001381