

No. C 102833	Due no later than July 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CHRIS SCHOLLE 392 FALLS AVE TWIN FALLS, ID 83301																		
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 MUSICARE, INC. GLYNN R SCHOLLE PO BOX 511 MENDON, UT 84325		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>Pres.</td> <td>Chris Scholle</td> <td>PO 511</td> <td>Mendon</td> <td>UT</td> <td>84325</td> </tr> <tr> <td>Vice Pres.</td> <td>Glynn Scholle</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Chris Scholle	PO 511	Mendon	UT	84325	Vice Pres.	Glynn Scholle				
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Pres.	Chris Scholle	PO 511	Mendon	UT	84325																
Vice Pres.	Glynn Scholle																				
5. Organized Under the Laws of: IDAHO C 102833	6. Signature <i>Chris Scholle</i> Name (typed or printed) Chris Scholle			Date 5/9/05 Title Pres.																	

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Issued 05/02/2005

Do Not Tape or Staple