

No. C 102833	Due no later than Jul 31, 2001		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		CHRIS SCHOLLE																			
	1. Mailing Address - Correct in this box, if applicable MUSICARE, INC. GLYNN R SCHOLLE PO BOX 172 PO Box 511 MENDON, UT 84325		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>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/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>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES/SEC	CHRIS SCHOLLE	P.O. Box 511,	MENDON	UT	84325	DIRECTOR	GLYNN SCHOLLE	P.O. Box 511	MENDON	UT	84325
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PRES/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>7/20/01</u> Name (Typed or Printed) <u>CHRIS SCHOLLE</u> Title: <u>PRES</u>																				