

No. C 102833	Due no later than Jul 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable MUSICARE, INC. GLYNN R SCHOLLE PO BOX 172 P.O. Box 511 MENDON, UT 84325		CHRIS SCHOLLE 392 FALLS AVE TWIN FALLS, ID 83301		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES/SEC	CHRIS SCHOLLE	P.O. Box 511,	MENDON	UT	84325
DIRECTOR					
DIRECTOR	GLYNN SCHOLLE	P.O. Box 511	MENDON	UT	84325
5. Organized Under the Laws of:				6.	
IDAHO C 102833	Signature <u>C. Scholle</u>		Date <u>7/20/01</u>		
	Name (Typed or Printed) <u>CHRIS SCHOLLE</u>		Title: <u>PRET</u>		