No. <b>W 6525</b>		Due no later than Jul 31, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WOLVERINE MEDICAL INVESTMENTS, LLC PO BOX 51625 IDAHO FALLS ID 83405 USA		397 S 35TH W IDAHO FALLS	PAUL R WAREING 397 S 35TH W IDAHO FALLS ID 83402  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mos and Addresses	of at least one Member or Manager					
Office Held	Name	illes alla Addi esses	Street or PO Address	City	State	Country	Postal Code	
MEMBER	PAUL R WAREING		397 SOUTH 35TH WEST	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:  ID  W 6525		6. Annual Report must be signed.* Signature: Tammi Sosalla Name (type or print): Tammi Sosalla			Date: 05/18/2009 Title: Accountant			
Processed 05/18/2009 * Electronically provided signatures are accepted as original signatures.								