No. W 67090	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009	2. Registered Agent and Office (NOT A P.O. BOX) DEBRA L GLASS 2312 E OAKMONT DR IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: $30.00	1. Mailing Address: Correct in this box if needed. ORION TECHNICAL SOLUTIONS LLC 2312 E OAKMONT DR IDAHO FALLS ID 83404	3. May Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/Member Name	Street or PO Address	City	State	Country	Postal Code
Michael K. Glass	2312 E. Oakmont Dr.	Idaho Falls,	ID		83404
Debra L. Glass	2312 E. Oakmont Dr.	Idaho Falls,	ID		83404

5. Organized Under the Laws of:

IDAHO
W 67090

6.

Signature: Debra Glass Date: 12-15-10

Name (type or print): Debra Glass Title: Office Manager

Issued 12/13/2010 by CLH