

|                                                                                                                                                        |               |                                                                                                                                                 |          |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 157036</b>                                                                                                                                    |               | <b>Due no later than Oct 31, 2017</b>                                                                                                           |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>ORION SYSTEMS LLC<br>LOLENE WITZKE<br>3313 W CHERRY LANE #719<br>MERIDIAN ID 83642 |          | LOLENE WITZKE<br>3313 W CHERRY LANE #719<br>MERIDIAN ID 83642 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                 |          | 3. <u>New</u> Registered Agent Signature:*                    |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                                                                                 |          |                                                               |         |                  |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                            | City     | State                                                         | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | LOLENE WITZKE | 3313 W CHERRY LANE #719                                                                                                                         | MERIDIAN | ID                                                            | USA     | 83642            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                               |          |                                                               |         |                  |  |
| <b>ID<br/>W 157036</b>                                                                                                                                 |               | Signature: Lolene Witzke                                                                                                                        |          |                                                               |         | Date: 08/21/2017 |  |
|                                                                                                                                                        |               | Name (type or print): Lolene Witzke                                                                                                             |          |                                                               |         | Title: Member    |  |
| Processed 08/21/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                       |          |                                                               |         |                  |  |