

State of Idaho

Office of the Secretary of State

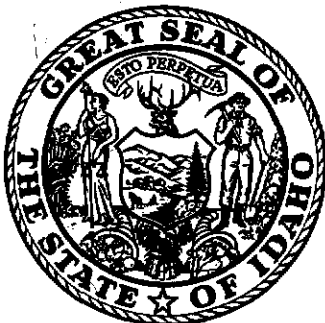
**CERTIFICATE OF AUTHORITY
OF
ATS FACILITY SYSTEMS, INC.**

File Number C 193185

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 27, 2011



Ben Yursa

SECRETARY OF STATE

By

Mary Parker



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

11 DEC 27 AM 9:2

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:
ATS Facility Systems, Inc.
2. The name which it shall use in Idaho is: _____
3. It is incorporated under the laws of: State of Washington
4. Its date of incorporation is: 10/10/2011
5. The address of its principal office is:
450 Shattuck Ave S, Renton, WA 98057
6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 10951 W Emerald St, Boise, ID 83713
and its registered agent in Idaho at that address is: ATS Inland NW LLC
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>William Kissinger</u>	<u>V-Pres</u>	<u>450 Shattuck Ave S, Renton, WA 98057</u>
<u>Brian Allen</u>	<u>V-Pres</u>	<u>450 Shattuck Ave S, Renton, WA 98057</u>
<u>David Rand</u>	<u>CEO</u>	<u>450 Shattuck Ave S, Renton, WA 98057</u>
<u>Daniel Fawcett</u>	<u>President</u>	<u>450 Shattuck Ave S, Renton, WA 98057</u>
_____	_____	_____
_____	_____	_____

Dated: 12/22/2011

Signature: *Juli Valliant*

Typed Name: Juli Valliant

Capacity: Financial Manager

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

g:\corpform\corp
forms\appforauthority_profit.pmd
Revised 06/2005

IDAHO SECRETARY OF STATE
12/27/2011 05:00
CK: 368937 CT: 265312 BH: 1303237
1 @ 100.00 = 100.00 AUTH PRO # 2

Web Form

C193185

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ATS FACILITY SYSTEMS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 10/10/2011.

I FURTHER CERTIFY that as of the date of this certificate, **ATS FACILITY SYSTEMS, INC.** remains active and has complied with the filing requirements of this office.

Date: December 12, 2011

UBI: 603-150-325



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State