State of Idaho

Office of the Secretary of State

OF
ATS RELIANCE, INC.

File Number C 169386

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, 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 Withdrawal and attach hereto a duplicate of the Application for such Certificate.

Dated: July 6, 2009



Ben youra

By Sally Llay



APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

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SECRETARY OF STATE

	STATE UF IDAHO
To the Secretary of State of Idaho Pursuant to Section 30-1-1520, Idaho Code, the undersigned Corporation hereby applies for a certificate of withdrawal from the State of Idaho, and for that purpose submits the following statement:	
The name of the corporation is:	
ATS RELIANCE, INC.	
The name which it used in Idaho is:	
2. It is incorporated under the laws of New York	
3. It is not transacting business in the State of Idaho.	
4. It hereby surrenders its authority to transact business	in said state.
 It revokes the authority of its registered agent in the St consents that service of process in any action, suit or p arising in the State of Idaho during the time it was auth thereafter be made on it by registered or certified mail t 6., below. 	proceeding based upon any cause of action orized to transact business therein may
6. The post office address to which process against the c	orporation may be mailed is:
60 Harvard Mill Square, Wakefield, MA 0	1880
7. It agrees to notify the Secretary of State of the State of	Idaho of any change to the address in Item 6.
	Customer Acct #:
Signature Mun Mun My	(if using pre-paid account)
Signature ////////////////////////////////////	Secretary of State use only
Capacity Secretary	STATE SU VICETADO SU STATE