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CERTIFICATE OF ASSUMED BUSINESS NAME	
Pursuant to Section 53-504, Idano Code, the Undersigned submits for filing a certificate of Assumed Business Name 707 DEC 12 AM 8: 53 <u>Please type or print legibly.</u> NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Machine Control Consultants	
1. The assumed business name which the und business is: Machine Control Consultants	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing a	
Name	Complete Address P.O. Box 3457 Hayden, Idaho 83835
<u>ATS INC</u> C-137804	(physical) 31 W. Honeysuckle Hayden, Idaho 83835
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportatio Wholesale Trade Construction X Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West PO Box 83720
ATS c/o Tom Yeiser, President P.O. Box 3457 Hayden, Idaho 83835	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	nent Phone number (optional):
Same as 4 above	Secretary of State use only
Signature: Printed Name: Capacity/Title:President	- 100 IDAHO SECRETARY OF STATE 12/18/2002 05:00 CK: 5603 CT: 165661 BH: 652138 1000 20.00 = 20.00 ASSUM WAVE # 2
(see instruction #8 on back of form)	D 60773

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