

To the FCC **and** FCC TCB handling this application for certification

Pursuant to 47 CFR Section 0.459(a) & (b), we,

(the applicant / grantee)

Company name      Atlas Chiropractic System Inc  
Address      30 Brock St. East,  
City      Tillsonburg, Ontario, N4G 1Z5  
Country      Canada

request **non-disclosure** and **confidential treatment** for our certification under:

	Grantee Code	Product Number
FCC ID:	RMP	-DESKTOP

of the following materials submitted within this certification application:

(please cross what is applicable, or add other documents)

<input checked="" type="checkbox"/>	Schematics Diagrams
<input checked="" type="checkbox"/>	Block Diagrams
<input checked="" type="checkbox"/>	Circuit Description
<input type="checkbox"/>	User Manual

Above materials contain secrets, proprietary and technical information, which would customarily be guarded from competitors under 47 CFR, section 0.457(d)(2). Disclosure or publication or any portion of this company confidential material to other parties could cause substantial competitive harm and provide unjustified benefits for competitors. We understand that pursuant to 47 CFR section 0.457(d)(1)(ii) disclosure of the applicant and all accompanying documentation will not be made before the date of the grant.

**Attestation:**

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
Tillsonburg, Ontario, N4G 1Z5 Canada	2013-01-08	Randy Godfrey	VP/Development	