Severson Dennis

Form 3

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB APPROVAL	
	w asnington, 1	J.C. 20549			OMB Number:	3235-0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF				Expires:	January 31, 2005		
Section 17(a) of	SECURI t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C	Securities E	y Act of 193			/erage	
(Print or Type Responses)							
1. Name and Address of Reporting Person <u>*</u> Severson Dennis	2. Date of Event Requiring Statement (Month/Day/Year)	g 3. Issuer Name and Ticker or Trading Syn MACH ONE CORP [MNCN]			Symbol		
(Last) (First) (Middle)	09/19/2008		lationship of Reporting n(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
P.O. BOX 593		(Check all applicable)					
(Street) STILLWATER, MN 55082		X Directo Officer (give title belo	Other	Owner Fil r _X ow) Per	Individual or Joint/ ling(Check Applicabl (_ Form filed by One rson _ Form filed by More porting Person	le Line) Reporting	
(City) (State) (Zip)	Table I - N	Non-Deriva	tive Securiti	ies Benef	ficially Owned		
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature Ownershi (Instr. 5)	-		
Common	1,000,000		D	Â			
Reminder: Report on a separate line for ea owned directly or indirectly.	ach class of securities benefic	ially S	SEC 1473 (7-02	2)			
information conta required to respo	ained in this form are not ond unless the form displ MB control number.						
Table II - Derivative Secu	rities Beneficially Owned (e	.g., puts, calls	, warrants, op	tions, conv	vertible securities)		
1. Title of Derivative Security 2. Data	ate Exercisable and 3. Title	and Amount c	of 4.	5.	6. Nature of	of Indirect	

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships					
1 0	Director	10% Owner	Officer	Other			
Severson Dennis P.O. BOX 593 STILLWATER, MN 550		Â	Â	Â			
Signatures							
Dennis Severson)4/29/2009						
<pre>**Signature of Reporting Person</pre>	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.