Filing Fee: \$150.00

ID Number: 140374



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:					
	CNH America LLC					
2.	The name, if different, under which it proposes to registe	or and transact business in Rho	ode Islan	d is:		
3.	The limited liability company is organized under the laws	of Delaware		<u> </u>		
4.	The date of its organization is 04/22/1994		_			
5.	The period of duration of the limited liability company is ((if perpetual, so state) Perpetu	al			
6.	The address of the limited liability company's resident ag	gent in Rhode Island is:				
	10 Wcybosset Street	Providence	, RI	02903		
	(Street Address, not P.O. Box)	(City/Town)		(Zip Co	ode)	
	and the name of the resident agent at such address is CTCORPORATION SYSTEM (Name of Agent)					
7 .	The secretary of state is appointed the agent of the foreign there is no resident agent or if the resident agent can diligence.	ign limited liability company for inot be found or served follow	service or	of process if exercise of	at any time reasonable	
8.	The address of any office required to be maintained in the liability company is organized is:	he state or other jurisdiction ur	der the I	-•	the limited	
	1209 Orange Street, Wilmington, DE 19801	·			<u> </u>	
				[0]	Si at	
9.	The mailing address for the limited liability company is: 700 State Street, Racince, WI 53404			<u> </u>	000 000 000 000 000 000 000 000 000 00	
			= :			

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Form No. 450 Revised: 01/99

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(Check one box only) Its members or by one (1) or more managers 11. If the limited liability company has managers at the time of filing this application, please list the name and address each manager: Manager Address	
11. If the limited liability company has managers at the time of filing this application, please list the name and address each manager:	
each manager:	
Manager Address	ss of
12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or authorized officer of the jurisdiction under which the foreign limited liability company was organized.	other
Under penalty of perjury, I declare and affirm that I have examined Application for Registration, including any accompanying attachments that all statements contained herein are true and correct.	d this , and
Date: May 19, 2004 CNH America	
Print Exact Name of Limited Liability Company Making Application	
By Rishard R. Wyllouse	
Signature of authorized person	
Richard R. Dykhouse, VP and Asst. Secretary of Memb Fiatallis North America, Inc.	er,

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNH AMERICA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Darriet Smith Windson Secretary of State

2396863 8300 AUTHENTICATION: 3127502

040378276 DATE: 05-21-04