

## CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 11 AM 9:47

1.	The name of the limited liability co	mpany is:	SECRED BY OF STATE
	Fle	eet Management LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 533 Linden Ave		
	(Street Address) Lewiston, Idaho 83501		
	(Mailing Address, if different than street address)	<del></del>	
3.	The name and complete street address of the registered agent:		
	Jennifer Cicrich	533 Linden Ave. Lewiston, Idaho 83501	
	(Name)	(Street Address)	
4.	The name and address of at least o	one member or manag	er of the limited liability
	<u>Name</u>	<u>Address</u>	
	Jennifer Cicrich	533 Linden Ave. Lewiston, Idaho 83501	
			75.00.00.00.00.00.00.00.00.00.00.00.00.00
5.	Mailing address for future correspon	ndence (annual report	notices):
	533 Linden Ave. Lewiston, Idaho 83501		
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6	Future effective date of filing (option	nal).	
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_	nature of a manager, member or	authorized	
er	son.	Γ	Secretary of State use only
Sigi	nature Land for L.C.	unch	decisially of State use only
Γvp	ed Name: Jennifer L. Cicrich		
, 12			IDAHO SECRETARY OF STATE
Dia:	naturo		07/11/2011 05:00 CK: 38988880 CT: 7915 BH: 128185
	nature	<b>,</b>	1 0 100.00 = 100.00 DRGAM LLC # 1
ур	ed Name:		W104861
			William