



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 DEC 22 AM 9:30

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Sanders Group, L.L.C.

2. The complete street and mailing addresses of the initial designated office:

793 Bolton Street Twin Falls, ID 83301  
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Paige Selley  
(Name)

793 Bolton Street Twin Falls, ID 83301  
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Statton Sanders  
Name

793 Bolton Street Twin Falls, ID 83301  
Address

5. Mailing address for future correspondence (annual report notices):

793 Bolton Street Twin Falls, ID 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Paige Selley

Typed Name: Paige Selley

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/22/2011 05:00  
CK: 503 CT: 265200 BH: 1302781  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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