



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 DEC 22 AM 9:30

STATE OF IDAHO
SECRETARY OF STATE1. 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

793 Bolton Street Twin Falls, ID 83301

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 SelleyTyped Name: Paige Selley

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
 12/22/2011 05:00
 CK: 503 CT: 265288 BH: 1302781
 1 E 100.00 = 100.00 ORGAN LLC # 2
 1 E 20.00 = 20.00 EXPEDITE C # 3