T 82	FILED EFF
CERTIFICATE OF OR	
(Instructions on back of a	
. The name of the limited liability compar	ny is: SFORMAN
Katscollections	
The complete street and mailing addres	ses of the initial designated office:
(Street Address) EAGLE iD 836/L (Mailing Address, if different than street address)	
. The name and complete street address	of the registered agent:
TAYA MAHONEY	SAME AS ABOVE
 The name and address of at least one m company: 	nember or manager of the limited liability
Name	Address
TAYA MAHONEY	11 11 11
······································	
Mailing address for future correspondence	ce (annual report notices):
877 E. COLUMBARY C	CT., EAGLE 10 83616
Future effective date of filing (optional):	
nature of a manager, member or auth	norized
son.	
inature Joy Milmy	Secretary of State use only
bed Name: TAYA MAHONE	<u>57</u>
gnature	
ped Name:	IDAHO SECRETARY OF STATE
	02/08/2013 05

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