



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.  
Instructions are included on back of application.

**FILED EFFECTIVE**

2013 AUG 26 AM 9:34

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Les Filles

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Comme Les Filles, Inc

C 88 327

Complete Address

PO Box 4857, Ketchum, ID 83340

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Holley Financial Management LLC

PO Box 1656

Ketchum, ID 83340

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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Secretary of State use only

Signature: Claudia Greer

Printed Name: Claudia Greer

Capacity/Title: President/Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDaho SECRETARY OF STATE  
08/27/2013 05:00  
CX: 6844 CT: 91606 BH: 1387664  
1 0 25.00 = 25.00 ASSUM NAME # 2

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