

1.) CORPORATION NAME: BOWMAN BROTHERS, INC.	DUE DATE: 10/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PHILIP L BOWMAN 5207 MAIN STREET MOUNT JACKSON, VA	SCC ID NO: 01704402				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SHENANDOAH COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 405

CITY/ST/ZIP: MT JACKSON, VA 22842

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHILIP L BOWMAN TITLE: PRESIDENT ADDRESS: 11117 SOUTH MIDDLE ROAD CITY/ST/ZIP/CO: EDINBURG, VA 22824	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JASON A BOWMAN TITLE: VICE PRESIDENT ADDRESS: PO BOX 239 CITY/ST/ZIP/CO: MT JACKSON, VA 22842	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JACOB D BOWMAN TITLE: VICE PRESIDENT ADDRESS: 5860 MAIN STREET CITY/ST/ZIP/CO: MT JACKSON, VA 22842	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JASON ABOWMAN	JASON ABOWMAN,	9/10/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.