



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

06 AUG -4 AM 10: 29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bowman Transmission & Off Road LLC

2. The street address of the initial registered office is:

418 NW Cedar, Mtn. Home, ID, 83647

and the name of the initial registered agent at the above address is:

Christopher L Bowman

3. The mailing address for future correspondence is:

PO Box 307, Mtn. Home, ID, 83647

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Christopher L Bowman</u>	<u>PO Box 307, Mtn. Home, ID, 83647</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Christopher L Bowman*

Typed Name: Christopher L Bowman

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IdahoForm LLC Form for organization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
08/04/2006 05:00
CK: 1503 CT: 203096 BH: 968488
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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