



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

-FILED-

File #: 0005861872

Date Filed: 8/14/2024 4:16:32 PM

| <p>Certificate of Organization Limited Liability Company</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>Standard (filing fee \$100)</p>  |                                   |  |      |         |                |                                   |
|--|-----------------------------------|--|------|---------|----------------|-----------------------------------|
| <p>1. Limited Liability Company Name</p> <p>Type of Limited Liability Company</p> <p>Entity name</p>   |                                   |  |      |         |                |                                   |
| <p>Limited Liability Company</p> <p>TOW EXPERTS &amp; RECOVERY LLC</p>   |                                   |  |      |         |                |                                   |
| <p>2. The complete street address of the principal office is:</p> <p>Principal Office Address</p> <p>2633 W MAIN ST<br/>BOISE, ID 83702</p>  |                                   |  |      |         |                |                                   |
| <p>3. The mailing address of the principal office is:</p> <p>Mailing Address</p> <p>2633 W MAIN ST<br/>BOISE, ID 83702-4736</p>  |                                   |  |      |         |                |                                   |
| <p>4. Registered Agent Name and Address</p> <p>Registered Agent</p> <p>Registered Agent<br/>ALAA M IBRAHIM<br/>Physical Address:<br/>2633 W MAIN ST<br/>BOISE, ID 83702<br/>Mailing Address:<br/>2633 W MAIN ST<br/>BOISE, ID 83702-4736</p> |                                   |  |      |         |                |                                   |
| <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p>  |                                   |  |      |         |                |                                   |
| <p>5. Governors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>ALAA M IBRAHIM</td> <td>2633 W MAIN ST<br/>BOISE, ID 83702</td> </tr> </tbody> </table>                                   |                                   |  | Name | Address | ALAA M IBRAHIM | 2633 W MAIN ST<br>BOISE, ID 83702 |
| Name   | Address                           |  |      |         |                |                                   |
| ALAA M IBRAHIM   | 2633 W MAIN ST<br>BOISE, ID 83702 |  |      |         |                |                                   |
| <p>Signature of Organizer:</p> <p><u>ALAA M IBRAHIM</u></p>  |                                   |  |      |         |                |                                   |
| <p>Sign Here</p>   |                                   |  |      |         |                |                                   |
| <p><u>08/14/2024</u></p>   |                                   |  |      |         |                |                                   |
| <p>Date</p>  |                                   |  |      |         |                |                                   |