

B0932-7335 10/09/2024 2:52 PM Received by Office of the Idaho Secretary of State



# Idaho Limited Liability Company Reinstatement Form

For Office Use Only

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov) Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State  
Attn: Reinstatements  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

**-FILED-**

File #: 0005941632

Date Filed: 10/9/2024 2:52:00 PM

**SOS Control Number:** 3397695

**Filing Status:** Inactive-Dissolved (Administrative)

**Limited Liability Company (D)**

**Date Formed:** 01/15/2019

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

SHC Real Estate, LLC  
SCOTT CROWLE  
PO BOX 3366  
KETCHUM, ID 83340-3301

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

INCPOR SERVICES, INC.  
1310 S VISTA AVE STE 28  
BOISE, ID 83705

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Scott Crowle	480 N. Washington Avenue	Ketchum, ID 83340
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date: 10/09/24

(7) Type/Print Name: Scott Crowle

(8) Title: Member

**Instructions:** Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.