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Official Record

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Eureka County - NV

Mike Rebaletti - Recorder

Page: 1 of 2 Fee: \$60.00

Recorded By LH RPTT: \$0.00

Book- 0575 Page- 0149



0228795

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Stephanie Morris

B. EMAIL CONTACT AT FILER (optional)
smorris@nsdc.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Nevada State Development Corporation
6572 So. McCarran Blvd.
Reno, NV 89509

20617-MZ 0415-13435

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual name will not fit in line 1b, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
McKay Minoletti LLC

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

60 N. Main Street Eureka NV 89316 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual name will not fit in line 2b, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME
McKay/Minoletti Enterprises, Inc.

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

60 N. Main St. Eureka NV 89316 USA

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
U.S. Small Business Administration

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

6572 So. McCarran Blvd Reno NV 89509 USA

4. COLLATERAL: This financing statement covers the following collateral

All equipment and fixtures, acquired with loan proceeds, including power-driven machinery and equipment, furniture and fixtures now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts and tools belonging thereto or for use in connection therewith, wherever located, together with any other personal property generally described above and financed as part of SBA Loan No. 7069835004. The real property to which the fixtures are affixed, or shall be affixed, is described in Item #16 and by reference made a part thereof.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessor/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
7069835004

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME McKay Minoletti LLC	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THIS SPACE FOR USE OF FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only ~~one~~ additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME					
OR					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME Nevada State Development Corporation					
OR					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS 6572 So. McCarran Blvd.		CITY Reno	STATE NV	POSTAL CODE 89509	COUNTRY USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. [if applicable]	14. This FINANCING STATEMENT <input type="checkbox"/> covers timber to be cut, or <input type="checkbox"/> as-extracted collateral <input type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of above-described real estate in item 1b (if Debtor does not have a record interest)	16. Description of real estate: The land referred to herein is situated in the State of Nevada, County of Eureka, described as follows: Lots 4, 5, 6 and 7, in Block 36, of the Town of Eureka, County of Eureka, State of Nevada. EXCEPTING THEREFROM all uranium, thorium, or any other material which is or may be determined to be peculiarly essential to the productions of fissionable materials, reserved by the United States of America in Patent recorded December 19, 1947, in Book 23, Page 226, Deed Records, Eureka County, Nevada.

17. Miscellaneous:

