		EUREKA COUNTY, I UCC-AMN Rec:\$90.00 Total:\$90.00 NEVADA STATE DE	06/12/2020 01:56
UCC FINANCING STATEMENT AM FOLLOW INSTRUCTIONS	ENDMENT	CORP	
A. NAME & PHONE OF CONTACT AT FILER (optional) Michelle Buck - 775-770-1204		00007893202002 USA H	2407300030037 OEHNE, CLERK RECORDER
B. E-MAIL CONTACT AT FILER (optional) mbuck775@yahoo.com		_,_,,,,	
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)		\ \
Nevada State Development Corporati 6572 S McCarran Blvd. Reno, NV 89509	ion		
APN: 001-101-04		THE ABOVE SPACE IS FOR F	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 228802		The second secon	CC3Ad) and provide Debtor's name in item 13
TERMINATION: Effectiveness of the Financing States Statement	ment identified above is terminated with resp	pect to the security interest(s) of Secure	d Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignment, complete items 7 and 9 and also	gnee in item 7a or 7b, <u>and</u> address of Assign io indicate affected collateral in item 8	ee in item 7c <u>and</u> name of Assignor in i	tem 9
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applications.	atement identified above with respect to the s ble law	security interest(s) of Secured Party aut	horizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes: This Change affects Debtor or Secured Party of record	AND Check one of these three boxes to: CHANGE name and/or address: ord [item 6a or 6b; and item 7a or 7b]	Complete and item 7c ADD name: Complete it	em DELETE name: Give record name to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Pa			
6a. ORGANIZATION'S NAME McKay/Minoletti LLC			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ME ADDITIONAL	NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Ass	signment or Party Information Change - provide only one r	name (7a or 7b) (use exact, full name; do not omit, n	nodify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME		1	
OR 7D. INDIVIDUAL'S SURNAME	\	_	
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		/	SUFFIX
7c. MAILING ADDRESS 20 N MAin Street	Eureka		S9316 COUNTRY USA
8. COLLATERAL CHANGE: Also check one of these for	our boxes: ADD collateral DEI	LETE collateral RESTATE cove	ered collateral ASSIGN collateral
Indicate collateral:			
NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he 9a. ORGANIZATION'S NAME			nor, if this is an Assignment)
U.S. Small Business Administra			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME ADDITIONAL	L NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: LMS 1582		•	

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Signs as item 8 on Amendment form Table OFFICE ACCOUNTS FORME U.S. Small Busices Administration 15. Insert PERSONAL NAME ADDITIONAL NAME(SyNNTIAL(S) 15. Name of DEBTOR on rolated financing statement (ware of a current Debtor or register requires (of financing purphase only in sizing filling offices. see Induction term 11). Provise or size Debtor came (10s or 13b) (size asset full name, do not ord, modify, or addressels by part of final between asset), see Instructions terms 10s or rolated financing statement (ware of a current Debtor or register requires (of financing), see Instructions terms 10s or rolated financing on the financing of the fin	12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Top GROBINATOR NAME	FOLLOW INSTRUCTIONS		- (\	
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U.S. Small Busiess Administration IZD. INDIVIDUAL SUFFIXAME	U.S. Small Busiess Administration Total Personal Name Prest P		Same as item 9 on Amendment form	\ \	
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	18 MISCELLANEOUS:				
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TO STATEMENT AMENDMEN FOLLOW INSTRUCTIONS 19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as iter			
228802	in to on the control of the control	\ \	
20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same a	is item 9 on Amendment form	\ \	
U.S. Small Business Administration		\ \	\
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OR 20b. INDIVIDUAL'S SURNAME	<		\
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	E ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(21a or 21b) (use exact, full name; do not omit, n	nodify, or abbreviate any part of the Debtor's i	name)
21a. ORGANIZATION'S NAME G & D Minoletti LLC	///		
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
21c MAILING ADDRESS 20 N Main Street	Eureka	NV 89316	COUNTRY USA
22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(22a or 22b) (use exact, full name; do not omit, n	nodify, or abbreviate any part of the Debtor's i	name)
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OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
22c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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23c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
24. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED PARTY'S NAMI	E: Provide only <u>one</u> name (24a or 24b)	
Nevada State Development Corporation	on /		
OR 24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
6572 S McCarran Blvd.	CITY Reno	STATE POSTAL CODE NV 89509	COUNTRY
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OR 25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
25c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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