	05/05/2	006 10 NEETC	UO/425 :51 AM Depu IAL RECOR	ty: KLJ
		Requ	ested By:	
	STEWA	STEWART TITLE OF DOUGLAS		
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		COUNTY Douglas County - NV Werner Christen - Recorder		
S. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
Nevada State Development Corporation	on IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
6572 So. McCarran Blvd.			\	
Reno, NV 89509]	
060500002	THE ABO	/E SPACE	IS FOR FILING OFFICE	USE ONLY
. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a)				
1a. ORGANIZATION'S NAME				
Th. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Colyer	John	W.		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2535 Business Parkway	Minden	NV	89423 NIZATIONAL I.D.#, if any	USA
d. TAX I.D.#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR INDIVIDUAL INDIVID	1f. JURISDICTION OF ORGANIZATION Nevada	<u> </u>		NONE
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	btor name (2a or 2b) - do not abbreviate or or	mbine nam	6 S	
2a. ORGANIZATION'S NAME	\ <			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		
Colyer	Paula	J		<u> </u>
C. MAILING ADDRESS	CITY Same	NV	POSTAL CODE 89423	USA
2535 Business Parkway 26. TAX I.D.#: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION	Minden 2f. JURISDICTION OF ORGANIZATION		ANIZATIONAL I.D.#, if any	
ORGANIZATION Individual	Nevada	.i		XNON
	P) - insert only one secured party name (3a or 3b)			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F				
3a. ORGANIZATION'S NAME				
3a. ORGANIZATION'S NAME U.S. Small Business Administration	FIRST NAME	MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S NAME U.S. Small Business Administration	FIRST NAME	MIDDLE	NAME	SUFFIX
OR U.S. Small Business Administration 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
OR U.S. Small Business Administration 3b. INDIVIDUAL'S LAST NAME				COUNTR
3a. ORGANIZATION'S NAME U.S. Small Business Administration 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 6572 So. McCarran Blvd 4. This FINANCING STATEMENT covers the following collateral: All fixtures now owned or hereafter acquired, together with belonging thereto or for use in connection therewith. The redescribed in Section 14 contained herein and, by reference,	Reno all replacements thereof, all attach al property to which the fixtures ar	STATE NV	POSTAL CODE 89509 ccessories, parts, an	COUNTR USA ud tools
OR U.S. Small Business Administration 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS	Reno all replacements thereof, all attach al property to which the fixtures ar	STATE NV	POSTAL CODE 89509 ccessories, parts, an	COUNTRY USA
3a. ORGANIZATION'S NAME U.S. Small Business Administration 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 6572 So. McCarran Blvd 4. This FINANCING STATEMENT covers the following collateral: All fixtures now owned or hereafter acquired, together with belonging thereto or for use in connection therewith. The redescribed in Section 14 contained herein and, by reference, 12 APN: 1320-04-001-031 5. ALTERNATIVE DESIGNATION (if applicable): LESSOR/LESSEE CONSIGNATION (if applicable): LESSOR/LESSEE CONS	Reno all replacements thereof, all attach al property to which the fixtures ar made a part hereof.	STATE NV ments, ace affixed	POSTAL CODE 89509 Cocessories, parts, and, or shall be affixed	COUNTRY USA ad tools , is
3a. ORGANIZATION'S NAME U.S. Small Business Administration 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS 6572 So. McCarran Blvd 4. This FINANCING STATEMENT covers the following collateral: All fixtures now owned or hereafter acquired, together with belonging thereto or for use in connection therewith. The redescribed in Section 14 contained herein and, by reference, and APN: 1320-04-001-031	Reno all replacements thereof, all attach al property to which the fixtures ar made a part hereof.	STATE NV ments, ace affixed	POSTAL CODE 89509 Cocessories, parts, and, or shall be affixed	COUNTRY USA