



NEVADA OFF-HIGHWAY VEHICLES PROGRAM GRANT APPLICATION

Nevada Commission on Off-Highway Vehicles
Nevada Department of Conservation and Natural Resources

Applicant Information

Organization Name: SILVER STATE RACEMEDX

Contact Person: MARVIN SMALL TREASURER
Name Title

Mailing Address: 10635 SUMMER GLEN DR Unit #
Street Address
RENO NV 89521
City State Zip Code

Phone: 775-846-1982 **Email:** racemedx@gmail.com

Which best describes your organization? (Check one)

<input type="checkbox"/> State Agency	<input checked="" type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Community-Based Organization
<input type="checkbox"/> County/City Agency	<input type="checkbox"/> For Profit
<input type="checkbox"/> Local/Municipal Entity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Individual	

If the applicant is a corporate or legal entity, proof of good standing in the entity's state of incorporation is required. NAC 490.1345 (Note: grantees must have the capacity to implement and accomplish proposed project and properly administer awarded funds).

Has the applicant previously received OHV Grant Program funding?

☐ No ☒ Yes

Does the applicant currently have open grants from the Nevada OHV Program?

☒ No ☐ Yes

Number of projects funded: two
Amount of funding received: \$ \$41,000
Number of projects completed: two

Project Information

Project Name: SAFETY AND MEDICAL TRAINING

Select all that describes the project type(s) NRS 490.069 Sec.2c?

<input type="checkbox"/>	OHV compliance and enforcement	<input checked="" type="checkbox"/>	OHV safety training and education
<input type="checkbox"/>	Studies or planning for trails and facilities	<input type="checkbox"/>	Enhancement or maintenance
<input type="checkbox"/>	Mapping and signing	<input type="checkbox"/>	Construction of trails/facilities
<input type="checkbox"/>	Restoration of areas damaged by OHVs	<input type="checkbox"/>	Acquisition of land
<input type="checkbox"/>	Construction of trail features to minimize impacts on environmentally sensitive areas or important wildlife habitats		

Project Cost *(grant request and matching funds directly related to the project)*

OHV grant request	\$
Matching Funds	\$
Total Project Amount	\$

What are the sources or partners for your leveraged (matching) funds?

<input type="checkbox"/>	Federal	<input checked="" type="checkbox"/>	In-kind
<input type="checkbox"/>	State	<input type="checkbox"/>	Private
<input type="checkbox"/>	City/County	<input checked="" type="checkbox"/>	Other: <u>Fees for training and donations</u>

Please describe leveraged (matching) funds (ex. another grant, volunteer hours, cash donation, etc.):

Type here: Volunteer hours for CPR & First Aid training. Cash donations

User group(s) that will be able to utilize this project (check all that apply):

<input checked="" type="checkbox"/>	Single Track Motorcycle	<input type="checkbox"/>	Snowmobiles
<input checked="" type="checkbox"/>	ATV/Quads	<input type="checkbox"/>	Dune Buggy
<input checked="" type="checkbox"/>	UTV/Side by Side	<input type="checkbox"/>	Mountain Bikers
<input type="checkbox"/>	Hiking/Backpacking	<input type="checkbox"/>	Equestrian
<input type="checkbox"/>	Snowshoers/Skiers	<input type="checkbox"/>	Other: <u>Anyone and everyone are welcome to our trainings, but they are focused on common OHV related injuries and situations.</u>

If applicable, please explain how this project will aid with managing user interactions:

Type here:

CPR AND FIRST AID TRAINING – CPR and First Aid are great tools for anyone recreating in the Nevada backroads to have. One never knows when a buddy or a stranger will experience an injury or heart issue when out in the middle of Nevada- away from immediate emergency services. Learning how to react and act in an emergency can save lives.

Proposed Scope of Work

Please describe exactly what work will be completed. Programs, planning, NEPA, surveys, mapping, include miles of trail, trail type and any other pertinent information (NAC 490.1375). If purchase of equipment is included, please explain where/how it will be housed and maintained.

Type here:

UPGRADE SIDE BY SIDE – To be used in our outdoor trainings

RESCUE SKID – To load spinal patients into the side by side for safe transport. Great training tool for those who may have to deal with a spinal cord injury.

SATELLITE COMMUNICATIONS – To communicate when cell service is unreliable. Also allows us to play the American Heart Association videos out in the desert during our outdoor training. It's so much more applicable to learn CPR in the environment you may be performing it – on the side of a hill, in the sagebrush, on a dusty trail.

Project Deliverables

Please describe *quantitative* outcomes for your project. Examples could include miles of trail created, number of enforcement overtime hours, presentations held, programs facilitated, users engaged, pounds of trash collected, etc.

Type here:

USERS TRAINED IN FIRST AID AND CPR – The more OHV users who know and are proficient in CPR and First Aid, the safer our sport can be. Deploying the correct actions immediately, can and will save lives.

Project Timeline: Funding Agreements are two years unless specified. Please complete the table below providing a timeline of your project.

Date	Project Goals	Deliverables
Jul-Sep, 25	MEDICAL TRAINING – OHV USERS	20 TRAINED USERS
Oct-Dec, 25	MEDICAL TRAINING – OHV USERS	20 TRAINED USERS
Jan-Mar, 26	MEDICAL TRAINING – OHV USERS	20 TRAINED USERS
Apr-Jun, 26		

Jul-Sep, 26		
Oct-Dec, 26		
Jan-Mar, 27		
Apr-Jun, 27		

Priorities and Scoring Narrative

Grants will be scored based on answers to the ten (10) criteria listed below. Each criteria carries a weight determined by the OHV Commission, voted upon during the open meeting on 9/7/2021. Please reference Grant Manual Appendix A.

Law Enforcement Strategy that addresses registration enforcement, including Public Education & Outreach aimed at increasing renewals and new registrations: *How will your project increase the number of OHV registrations in the district. How will the equipment and time be used to increase OHV safety and awareness? Please reference the Law Enforcement Statistics reporting form.*

Type here:

Planning, Environmental Studies, Conservation: *Describe how the environmental studies, conservation and/or planning will mitigate resources impacted by OHV recreation. How will your project contribute to the conservation of our natural resources, while enhancing OHV opportunities?*

Type here:

Enhancement or Maintenance of existing trails and facilities: *How will maintenance needs be prioritized and how often will your project hold a maintenance/ trails enhancement event? HOW will your project be maintained and WHO has committed to the ongoing maintenance of the facility or trail (note: a minimum of 2 maintenance/ trail events are required per year).*

Type here:

Training: *Please describe the goals and objectives of your public safety training program. Is it a nationally recognized certification? What sets your safety training program apart from the others?*

Type here:

REMOTE AREAS OF NEVADA ARE DIFFICULT FOR TIMELY MEDICAL RESPONSE. SILVER STATE RACEMEDX PROGRAM FOCUSSES ON SPECIFIC TRAINING FOR DEALING WITH THE MOST COMMON OFF-ROAD INJURIES. OUR FOCUS IS ON COMMUNICATIONS, INJURY ASSESSMENT, STABILIZATION AND TRANSPORT. CATERED TO OHV USERS, WE USE REAL WORLD EXAMPLES AND SITUATIONS TO HELP TEACH THE STUDENTS HOW TO ACT IN AN EMERGENCY. UNLIKE COMMON ONLINE CPR AND FIRST AID

<p>TRAINING, WE PROVIDE OUR TRAINING OUTSIDE, ON THE TRAIL, WITH AN ACTING PATIENT. THIS SIMULATION ALLOWS STUDENTS TO FEEL MORE CONFIDENT IF/WHEN THEY USE THEIR CPR OR FIRST AID SKILLS. THESE OUTDOOR TRAININGS ALLOW FOR ALL THE FACTORS OF AN EMERGENCY TO BE TAKEN INTO ACCOUNT: WEATHER, LOCATION, EXTRACTION METHOD, DIRT, UNEVEN GROUND, ETC.</p>
<p>Connectivity/Loops: <i>How will the project impact connectivity of OHV trails, facilities, and local communities? Please include maps of areas impacted by your project and describe those impacts.</i></p>
<p>Type here:</p>
<p>Access: <i>Please describe how your project improves OHV access in the project area. Explain what access/opportunities would be lost or restricted if the project does not occur.</i></p>
<p>Type here:</p>
<p>Trail mapping and signing of existing trails and facilities: <i>If a mapping component is included in the grant, please describe how it will be integrated with the current web mapping application found on OHV.NV.GOV</i></p>
<p>Type here:</p>
<p>Partnering and Leverage: <i>Who else is involved in this project? Please describe outreach with stakeholders, partners and local governments, that you have communicated with in planning this project.</i></p>
<p>Type here:</p>
<p>Economic Integration: <i>How will this project improve OHV recreation opportunities that help local, regional, or state economies grow?</i></p>
<p>Type here:</p>
<p>Demand for New Facilities: <i>Please provide justification for NEW facility/program development: restrooms, trails, signs, and other amenities.</i></p>
<p>Type here:</p>

Project Budget

Proposed Budget: Provide your budget details to include all project expenses, including contracts, labor costs, volunteer or donated labor, equipment, travel, materials, etc. Each section needs to be broken down into specific item costs. You may create your own spreadsheet. (See Grant Manual Appendix B for example)

- Your budget must align clearly with your Scope of Work.
- Be specific. Each section needs to be broken down into individual line items and costs. For example, a lump sum for “travel” should be broken down into items such as lodging, per diem, gas etc.
- All travel expenses should be based off current GSA rates. Rates can be found [here](https://www.gsa.gov/travel/plan-book/per-diem-rates) or at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.
- Reminder: Include all sources of funds for the completion of the project including federal, in-kind, private/city/county and state funds.
- **Attach copies of estimates to support your budget and identify what each contract will include.**

LAND MANAGEMENT AND ENVIRONMENTAL COMPLIANCE

Classification of Land Management:

<input type="checkbox"/>	City/Municipal
<input type="checkbox"/>	County
<input type="checkbox"/>	State
<input type="checkbox"/>	Federal
<input type="checkbox"/>	Private
<input type="checkbox"/>	Lease; Attach copy of lease with expiration date
<input type="checkbox"/>	R&PP; Attach copy of lease with expiration date
<input type="checkbox"/>	Other: _____

Landowner(s): _____

If the proposed project is to be carried out on public land, attach any applicable written agreement with any government entity having jurisdiction over that land, including permits, leases, easements, and rights-of-way. NAC 490.135

Will there be ground disturbing activities (ex. construction, trail maintenance)?

☐ Yes ☐ No

Standards/guidelines that will be applied to your project (if applicable):

<input type="checkbox"/>	Universal Access to Outdoor Recreation - A Design Guide
<input type="checkbox"/>	USFS Standard Specifications for Construction & Maintenance of Trails
<input type="checkbox"/>	BLM Handbook 9114-1 Trails
<input type="checkbox"/>	NOHVCC Handbooks
<input type="checkbox"/>	Other: _____

THE LANDOWNER MUST PROVIDE A LETTER STATING THAT:

(See Grant Manual Appendix C)

- a) Landowner has read the Request for Grant Application package.
- b) Landowner agrees with the application and the terms of the grant.
- c) Landowner holds an interest in the subject land that is sufficient in scope and authority to allow the applicant to complete the proposed project and operate and maintain the proposed project after its completion.
- d) Landowner is legally committing to maintain the trail/facility and will allow public motorized access to such trail/facilities for 25 years or the normal life of the project; and
- e) Landowner agrees to provide any match or other tasks in the application that are assigned to Landowner.

Federal Environmental Compliance:

If Federal funds or Land are a part of the project and NEPA was completed, indicate which document was produced, and **please attach the decision document to this application**:

<input type="checkbox"/>	Record of Decision (ROD)
<input type="checkbox"/>	Finding of No Significant Impact (FONSI) and a Decision Record (DR)
<input type="checkbox"/>	Categorical Exclusion (CX)
<input type="checkbox"/>	SHPO 106 compliance/concurrence letter
<input type="checkbox"/>	Other compliance documents already completed.
<input type="checkbox"/>	Not applicable

If NEPA or planning is a part of the project describe the steps in the Scope of Work.

Location, Maps, Photos

Nearest town/city/municipality of project (list multiple if applicable): _____

County(s): _____

Required Maps: All maps must include a legend, north arrow, scale, and map name. Topographic maps are preferred. You may include *additional* aerial/google maps. (See Grant Manual Appendix D for examples)

The following map types are required:

1. General location map (showing project area within the state or county)
2. Detail map indicating specific project elements (e.g., structures, trail alignment)
 - Maps larger than 11x17 will not be accepted

Required Photographs: At least two (2) overviews of the project area from different angles and distances. (Good photographs at trail level and google aeriels help the technical advisory committee and the Commission to understand the location, depth and breadth of your project.)

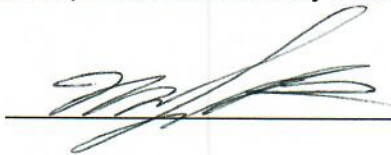
Trail projects: If the shapefiles for the trail system are available, please submit them in the e-file. The shapefiles of the trail will be required at project end. Contact the Program for assistance in the collection of the data if needed.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application is selected for funding, I understand that false or misleading information in my application or presentations may result in the termination of the grant.

Signature: _____



Date: 3/20/2025

Printed Name: Marvin Small

Title: Treasurer

**APPLICATIONS DUE:
March 23, 2025 AT 11:59 PM, PST**

SUBMIT: ONE SINGLE ELECTRONIC FILE; PDF VIA EMAIL TO: KBarmore@ohv.nv.gov

OR

ONE FULL COLOR COPY OR MEMORY DEVICE ENCLOSED WITH APPLICATION
BY MAIL OR HAND DELIVERY
(8.5" X 11" *ONLY. Maps should be no larger than 11"X17"*)

TO: NEVADA DEPT. OF CONSERVATION AND NATURAL RESOURCES
OFF-HIGHWAY VEHICLES PROGRAM
ATTN: KADEN BARMORE
901 S. STEWART STREET, SUITE 1003
CARSON CITY, NV 89701

To request assistance in planning your project or for questions about the OHV Grant program, please contact

Kaden Barmore
KBarmore@ohv.nv.gov
(775) 684-2794



PROJECT BUDGET

-A 501(c)(3) Nevada Non-Profit Corporation

2025 PROGRAM	OHV GRANT REQUEST	Matching Funds	Total Cost
INCOME SOURCES			
Donations from off-road organizations		\$ 10,000	\$ 10,000
CPR TRAINING \$60, 16 people, 3 classes		\$ 2,880	\$ 2,880
VOLUNTEER HOURS (\$33.49/hr)			
10 SUPPORTED OFF-ROAD EVENT WEEKENDS		\$ 64,301	\$ 64,301
12 VOLUNTEERS			
16 HOURS PER EVENT			
EQUIPMENT			
2025 CAN AM DEFENDER SIDE BY SIDE	\$ 30,493		\$ 30,493
NET OF TRADE IN VALUE FOR 2020 CAN AM			
EMS SKID	\$ 3,645		\$ 3,645
STARLINK	\$ 1,099		\$ 1,099
TRAILER JACK	\$ 301		\$ 301
WEIGHT DISTRIBUTING HITCH	\$ 220		\$ 220
TRAINING			
AED TRAINER	\$ 467		\$ 467
	\$ 36,225	\$ 77,181	\$ 113,406

10828 South Virginia St.
Reno, Nevada 89511
www.michaelsreno.com



SUZUKI
YAMAHA
BOMBARDIER
Chaparral

PHONE: 775.825.8680
FAX: 775.825.8666

PURCHASER'S NAME Silver State RaceMedix

PURCHASER'S ADDRESS RENO, NV 89521

RESIDENCE PHONE 775-846-1982

EMAIL ADDRESS nomail@brp.com

BUSINESS PHONE _____

DATE 03/29/2025

☒ NEW
☐ USED

MAKE CAN-AM	ENG. NO.	COLOR STONE G	STK. # NB-K000595	YEAR 2024
MODEL 9HRD	SERIAL NO. 3JB7VAX41RK000595	TO BE DELIVERED ON OR ABOUT 03/29/2025		
M/C CASH PRICE				32,199.00
LABOR				0.00
TOTAL ADDED EQUIPMENT				0.00
DOCUMENTATION FEE				149.00
FREIGHT				650.00
ASSEMBLY & DEALER PREP.				2,050.00
SUB TOTAL				35,048.00
TAX 8.265%				2,896.72
TITLE FEE				28.25
OHV REGISTRATION FEE				20.00
EXTENDED WARRANTY				0.00
PREPAID MAINTENANCE				0.00
TIRE & WHEEL				0.00
GAP				0.00
TOTAL CASH DELIVERED PRICE				37,992.97
CASH DEPOSIT SUBMITTED WITH ORDER				0.00
ALLOWANCE FOR USED VEHICLE TRADE-IN, AS APPRAISED				7,500.00
LESS BALANCE OWED:				0.00
MANUFACTURER REBATE				0.00
TOTAL CREDITS				7,500.00
BALANCE DUE				30,492.97
BAL. TO BE FINANCED				30,492.97
CONTRACT PAYMENTS				0 AT \$ 4,915.50
FIRST PAYMENT DUE				06/27/2025 AT \$ 4,915.50

USED UNITS ARE SOLD AS IS. MICHAEL'S RENO POWERSPORTS DOES NOT EXPRESS OR IMPLY ANY WARRANTY

DEPOSIT NON REFUNDABLE, IF ORDER CANCELLED

DESCRIPTION OF TRADE-IN

MAKE CAN-AM	MODEL DEFENDER PRO	TYPE	YEAR 2020
ENG. NO.	TRADE-IN 7,500.00	MILEAGE 0	
SER. NO. to be assigned	RETAIL	MILEAGE CERTIFICATION X	

PURCHASE ORDER

DEAL:

Sale price may include any rebate or incentives offered by Manufacturer. All trades must include proper documentation such as titles, bill of sale, or any other documents to support ownership. If not furnished within 7 days, Dealer has the right to charge back trade value to customer.

The front of this Bill of Sale comprises the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this product, except as appears in writing on the face of this agreement. I have read the matter printed on the face hereof and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am 18 years of age or older, and hereby acknowledge receipt of a copy of this order. I have or will obtain appropriate licensing before use.

SIGNED: X _____ PURCHASER

Giambastiani, John

SALESMAN

APPROVED



QTAC EMS-R

BASE PRICE \$3,645.00

The QTAC EMS-R rescue skid is a light weight, versatile skid system for fire service and rescue personnel, and comes standard with an enclosed storage bin.

EMS-R, Sliding Storage: \$3,645.00

EMS-R, Sliding Storage, O2 Bottle Mounts, IV Pole: \$4,045.00



PLACE ORDER

Flat rate shipping to any commercial address in the contiguous U.S. is based on time zones: \$600 for Pacific and Mountain, \$800 for Central and Eastern.

Advantages of Starlink Mini vs. Starlink Roam

Introduction

SpaceX's Starlink offers revolutionary satellite-based internet access for remote and mobile users. Two of its key offerings, **Starlink Mini** and **Starlink Roam**, provide internet connectivity designed for travelers, adventurers, and professionals. Understanding the differences between these two products helps users select the solution that best meets their needs.

This white paper provides a comprehensive comparison of Starlink Mini and Starlink Roam, highlighting their specifications, advantages, and costs.

Product Overview

Starlink Mini

Starlink Mini is a portable, backpack-sized satellite internet system designed for users requiring connectivity on the go. Its integrated router and antenna make it highly mobile and easy to deploy.

Starlink Roam

Starlink Roam caters to users who frequently move across regions and require seamless internet access in diverse environments. It is equipped with more robust hardware and higher performance for demanding situations.

Specifications Comparison

Feature	Starlink Mini	Starlink Roam
Dimensions	11.4" x 9.8" (290 x 250 mm)	20.2" x 11.9" (513 x 303 mm)
Weight	1.10 kg (2.43 lb)	9.2 lbs (4.2 kg)
Antenna Type	Electronic Phased Array with 110° Field of View	Advanced phased array for wide-area coverage
Orientation	Manual alignment with software assistance	Manual alignment with enhanced options

Feature	Starlink Mini	Starlink Roam
Environmental Rating	IP67 certified	Similar, designed to endure extreme weather
Operating Temperature	-30°C to 50°C	Same range
Power Consumption	Average: 25-40W; Idle: 15W	Average: 50-75W Idle: 20W
Wi-Fi Technology	802.11a/b/g/n/ac (Wi-Fi 5), Dual Band	Dual-band Wi-Fi with extended coverage
Coverage	Up to 112 m ² (1,200 ft ²)	Up to 297 m ² (3,200 ft ²)
Mounting Options	Built-in kickstand Pipe adapter mount	Built-in kickstand Additional mounts available separately

Advantages of Starlink Mini

- Portability:**
 - Compact and lightweight, ideal for frequent travelers and mobile workers.
 - Can fit in a backpack, making transportation easy.
 - Lower Power Consumption:**
 - Operates efficiently with an average power draw of 25-40W, which is suitable for off-grid use.
 - Cost:**
 - More affordable service plans available, particularly in Latin American markets.
 - Ease of Setup:**
 - Integrated design requires minimal assembly, allowing for quick deployment.
-

Advantages of Starlink Roam

- Extended Wi-Fi Coverage:**
 - Provides nearly three times the coverage area of the Mini, making it ideal for larger spaces.
 - Higher Device Support:**
 - Optimized for users with multiple devices requiring high-speed connectivity.
 - Enhanced Durability:**
 - Designed for demanding conditions, with increased environmental protection.
 - Greater Stability:**
 - Offers better performance for users who require uninterrupted service while traveling across regions.
-

Cost Comparison

Plan	Starlink Mini (USD)	Starlink Roam (USD)
Hardware	\$599	\$599
Roam 50GB Plan	\$50/month	\$50/month
Roam Unlimited Plan	\$165/month	\$165/month

In certain markets, Starlink Mini hardware is offered at a discounted price.

Visual Comparison

Starlink Mini Setup



[Starlink Mini Kit - Setup Guide
starlink.com](https://starlink.com/setup/mini)



[Finally! Starlink Mini Unboxing & Step-By-Step Setup
youtube.com](https://youtube.com/watch?v=...)

Starlink Roam in Use



[Starlink Roam - Unbox, Test, Transport, Set Up and Install at ...
youtube.com](https://youtube.com/watch?v=...)

[Starlink Roam Setup Manual Guide for Absolute Beginners](#)



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Select Make

Select Model

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CAMPER JACKS / STROMBERG CARLSON / A-FRAME JACK

Stromberg Carlson Electric Trailer Jack - Drop Leg - A-Frame Jack

★★★★★ (802 reviews)

Price: \$301.20

ADD TO CART



PRODUCT IMAGES



SHOW ALL (19) PRODUCT IMAGES ▼

IN USE/INSTALLED



CUSTOMER PHOTOS



SHOW ALL (19) CUSTOMER IMAGES ▼



HAUL-MASTER 10,000 lb. Capacity Weight- Distributing Hitch

[Add to List](#)

★★★★★ (1019)

[Write a Review](#)

Prevent dangerous trailer sway with this weight distributing hitch system [Read More](#)

\$219⁹⁹

[Compare to](#) CURT 17302 at \$361.27 **Save \$141**

Prevent dangerous trailer sway with this weight distributing hitch system [Read More](#)

1



1

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ZOLL AED Plus Trainer 2

Part Number: 8008-0050-01

Your Price: \$467.00

Customer Choice
Top AED Kit



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[AED Batteries \(/aed-batteries.html\)](#)

[AED Laws \(/aed-laws\)](#)

[Code of Conduct \(/pdf/Sarnova-Code-of-Conduct-\(2023-04-25\).pdf\)](#)

[Privacy Policy \(/terms-privacy\)](#)

[Shipping & Returns \(/shipping-returns-a\)](#)

[Standard Terms and Conditions \(/terms-conditions\)](#)

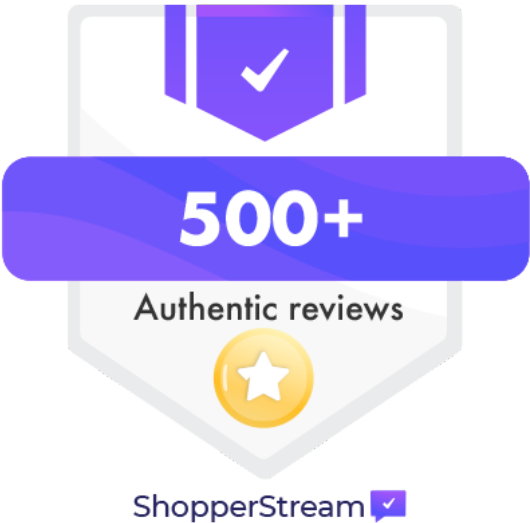
4.6 ★★★★★
Google
Customer Reviews



<https://www.cardiopartners.com/news/sarnova-earns-2023-great-place-to-work-certification.html>



<https://www.bbb.org/us/wi/woodruff/profile/medical-equipment/heartsmart-0302-70148684/#sealclick>





Land authorization letter:

Silver State RaceMedX

This letter authorizes Silver State RaceMedX to use Triad's upstairs conference facility located at 8900 Double Diamond Parkway Reno, NV 89521 for day classes on CPR and first aid, upon availability and advanced scheduled use of the space.

Sincerely,

Greg Latimer
Owner
Latimer Investments LLC

Dear OHV Commission,

May 1, 2023

This letter is to inform the OHV commission that Silver State Race Medics (SSRM) are hereby authorized to use the property designated as Adrian Valley Ranch located in Lyon County, south of the Carson River, West of 95A to conduct training clinics along with their volunteer services for any events held on the property. Events to be scheduled with owners.

Thank you,

Andre's Beaupré

Owner

Andre Beaupré

775 721 4909

&

Vicki Beaupré

Owner

Vicki Beaupré

775 721 4908

P.O. Box 666 Silver Springs, Nevada 89429









<zerocentsranch@yahoo.com>









File Date	Effective Date	Filing Number	Document Type	Amendment Type	Source	# of Pages	View
09/11/2024	09/11/2024	20244323656	Annual List		External	2	
12/18/2023	12/18/2023	20233701808	Certificate of Acceptance by Registered ...		External	1	
10/09/2023	10/09/2023	20233545866	Exemption from Charitable Solicitation S...		External	1	 
10/09/2023	10/09/2023	20233545865	Annual List		External	2	
09/02/2022	09/02/2022	20222592322	Annual List		External	2	
12/06/2021	12/19/2021	20211966387	Amended and Restated Articles		Internal	8	
09/03/2021	09/03/2021	20211727740	Annual List		External	2	
10/01/2020	10/01/2020	20200953318	Initial List		External	2	
10/01/2020	10/01/2020	20200953316	Articles of Incorporation-Nonprofit		External	2	
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Entity Information

Entity Information

Entity Name: SILVER STATE RACEMEDX

Entity Number: E9533172020-0

Entity Type: Domestic Nonprofit
Corporation (82)

Entity Status: Active

Formation Date: 10/01/2020

NV Business ID: NV20201907530

**Termination
Date:**

Annual Report Due Date: 10/31/2025

**Compliance
Hold:**

**Solicits Charitable
Contribution:** No

Registered AGENT INFORMATION

Name of Individual or Legal Entity: NEVADA AGENCY AND TRANSFER COMPANY

Status: Active

CRA Agent Entity Type:

Registered Agent Type: Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address: 50 West Liberty Street, Suite 880, Reno, NV, 89501, USA

Mailing Address:

OFFICER INFORMATION

☐ **View Historical Data**

Title	Name	Address	Last Updated	Status
President	Julianne Zotter	5149 Northern Lights Dr., Reno, NV, 89506, USA	09/11/2024	Active
Secretary	Timothy Beaupre	11575 Fir Drive, Reno, NV, 89506, USA	09/11/2024	Active
Director	Dave Zotter	P.O. BOX 262, Verdi, NV, 89439, USA	09/11/2024	Active
Treasurer	Marvin Small	10635 Summer Glen Dr., Reno, NV, 89521, USA	09/02/2022	Active

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CURRENT SHARES