Business En	tity Ty	pe (Please select	one)										
Sole Proprietorshi	, [Partnership	Limited Liability Corporation Trust Organization Other					Other					
Business De	signat	ion Group (Pleas	e sel	ect all that apply)							T	
□ МВЕ	■ MBE ■ SBE				☐ PBE				VET		DVET	□ESB	
Minority Business Women-Owned Enterprise Business Enterprise				Small Business Enterprise					Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of Clark County Nevada Reside				la Residents	E	mployed:				0			
Corporate/B	usines	s Entity Name:	Nea	rmap US, Inc.									
(Include d.b.			Nea	rmap									
Street Addre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	185	0 W Ashton Blvd	l, S	uite 500		We	bsite: www.nearmar	com.			
City, State a		Code:	Leh	i, UT 84043				РО	C Name: Ryan McCi	ulloch	nearmap.com		
Telephone N	0.		(50	3)422-5406					No: N/A				
Nevada Loca		t Addross:							bsite:∘N/A				
(If different f			N/A					***	bsite. Two				
City, State a			N/A					Loc	cal Fax No: N/A				
									Local POC Name: N/A				
Local Teleph	one N	o:	N/A		Email:			ail: N/A	'A				
ownership or financial interest. The disclosure requirement, a Entities include all business associations organized under o close corporations, foreign corporations, limited liability comp. Full Name				d liability companie:	nies, partnerships, limited partnerships, and pro				d professional corporations. % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
	N/A Atlas US Finco, Inc. N/A 100%												
1. Are any	individu	e quired for public! al members, partne County Water Reck	ers, ov	vners or principals,	inv	olved in the busin	ness enti	ty, a t	تسا Clark County, Departme		No Viation, Clark Coun	ty Detention	
Yes		8	, ,,	lease note that Co s, or other contracts	,				ected official(s) may not itive bid.)	t perforr	m any work on prof	essional service	
sister, gr	andchil		ated t	o a Clark County, I					tic partner, child, paren enty Detention Center o				
Yes		✓ No (If	yes, p	lease complete the	Dis	sclosure of Relat	ionship fo	orm o	n Page 2. If no, please	print N	/A on Page 2.)		
		of perjury, that all contract approvals, la							accurate. I also unders losure form.	stand th	at the Board will no	ot take action on	
Signature	26	> -			Paul Gilmour Print Name								
Senior Directo	nr Rev	enue Operations				July 25, 2023							
Senior Director, Revenue Operations Title						Date							

List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a rel	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childrei	n – Parents – In-laws (first deg	gree)
Brothers/Sisters H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
		·	, J 3 4 4 7
For County Use Only:	and a distance of the second s		
	noted above, please complete the folk ployee(s) noted above involved in the		narticular aganda itom?
	ployee(s) noted above involved in any		
Notes/Comments:	proyector noted above involved in any	way war are business in performance	of the contract:
Signature			

Business Entity Type (Please select Sole Proprietorship Business Designation Group (Pleas	one)									
Business Designation Group (Pleas										
	Limited Liabil Company	lity 🔽	Corporation	Trust	Non-Profit Organization	Other				
Пмве Пwве	e select all that a	pply)			***					
	SBE		PBE		□VET	DVET	ESB			
Minority Business Enterprise Women-Owned Business Enterprise	Small Busir Enterprise	Small Business Enterprise		allenged erprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business			
Number of Clark County No	evada Reside	ents E	mployed:			0				
Corporate/Business Entity Name:	Atlas US Finco, Inc.									
(Include d.b.a., if applicable)										
Street Address:	C/O Nearmap,1	850 W	Ashton Blvd, #	500 w	ebsite: N/A					
City, State and Zip Code:	Lehi, UT 84043				OC Name: Ryan McC nail: ryan.mccul	ulloch lloch@nearmap.com				
Telephone No:	(503) 422-5406			Fa	x No: N/A					
Nevada Local Street Address:	N/A			w	ebsite: N/A					
(If different from above)	N/A			1.	ocal Fax No: N/A					
City, State and Zip Code: Local Telephone No:	N/A				Local POC Name: N/A Email: N/A					
Entities include all business associations close corporations, foreign corporations, I	s organized under o	or govern panies, pa	applied to land-use applications, extends to the applicant governed by Title 7 of the Nevada Revised Statutes, inclies, partnerships, limited partnerships, and professional Title N/A			uding but not limited to private corporations,				
N/A. Atlas Intermediate Holdco, Inc.		N/A				Corporations/Non-pro	ublicly Traded			
This section is not required for public! 1. Are any individual members, partne Center or Clark County Water Recla	rs, owners or principamation District full- yes, please note than tracts, or other con rs, owners or principated to a Clark Cou	ons. Arc pals, invo time emp at County tracts, w	olved in the businoloyee(s), or apported to the control of the con	ness entity, a ointed/electe appointed/e ect to compe stered domes	Clark County, Departm d official(s)? lected official(s) may no titive bid.) stic partner, child, paren	Corporations/Non-pro N/A 100% s No ent of Aviation, Clark Col t perform any work on pro it, in-law or brother/sister	ublicly Traded fit organizations) unty Detention ofessional service , half-brother/half-			
This section is not required for public! 1. Are any individual members, partne Center or Clark County Water Recla Yes V No (If y cor) 2. Do any individual members, partne sister, grandchild, grandparent, rel full-time employee(s), or appointed/ Yes V No (If y	rs, owners or principamation District full- yes, please note that tracts, or other con rs, owners or principated to a Clark Cou elected official(s)?	ons. Are pals, invo time emp at County tracts, w pals have unty, Dep	olved in the busin oloyee(s), or apport of employee(s), or hich are not subjusted e a spouse, regis artment of Aviati sclosure of Relati	ness entity, a nointed/electe appointed/e ect to compe stered domes on, Clark Co	Clark County, Departm d official(s)? lected official(s) may no titive bid.) stic partner, child, parenunty Detention Center of the page 2. If no, please	Corporations/Non-pro N/A 100% s	unty Detention ofessional service , half-brother/half-eclamation District			
Are any individual members, partne Center or Clark County Water Recla Yes No (If your core) Do any individual members, partne sister, grandchild, grandparent, religible full-time employee(s), or appointed/	rs, owners or principamation District full- yes, please note than tracts, or other con- rs, owners or principated to a Clark Cou- elected official(s)? yes, please completed the information principamation principamati	pals, involutione emplat Country tracts, with pals have introduced to the Discovided him and the country of the Discovided him and the country of the Discovided him and the country of th	olved in the busin olloyee(s), or apport employee(s), or hich are not subjusted as spouse, register artment of Aviation of Relations of Relations of the sclosure of the s	ness entity, a control of the contro	Clark County, Departm d official(s)? lected official(s) may no titive bid.) stic partner, child, paren unty Detention Center of the page 2. If no, pleased accurate. I also under	Corporations/Non-pro N/A 100% s	unty Detention ofessional service , half-brother/half-eclamation District			
This section is not required for public! 1. Are any individual members, partne Center or Clark County Water Reclary Yes No (If your Correct County Yes No (If your County Yes No	rs, owners or principamation District full- yes, please note than tracts, or other con- rs, owners or principated to a Clark Cou- elected official(s)? yes, please completed the information principamation principamati	pals, involutione emplat Country tracts, with pals have introduced to the Discovided him and the country of the Discovided him and the country of the Discovided him and the country of th	olved in the busin olloyee(s), or apport employee(s), or hich are not subjusted as spouse, register artment of Aviation of Relations of Relations of the sclosure of the s	ness entity, a control of the contro	Clark County, Departm d official(s)? lected official(s) may no titive bid.) stic partner, child, paren unty Detention Center of the page 2. If no, pleased accurate. I also under	Corporations/Non-pro N/A 100% s	unty Detention ofessional service , half-brother/half-eclamation District			

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A
		*	*

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For County Use Only:
If any Disclosure of Relationship is noted above, please complete the following:
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Comments:
Signature
Print Name
Fruit Name Authorized Denartment Representative

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

				`_	OI OIIII	ILINO		/ KINOII AL	.5			
Business Entity Ty	pe (Please select											
Sole Proprietorship	Partnership	Cor	Limited Liability npany	E	Corporation	Tru	ıst	Non-Profit Organization		Other		
Business Designat	ion Group (Pleas	e sele	ect all that apply)								
MBE	WBE		SBE		□РВЕ			VET		DVET	□ESB	
Minority Business Women-Owned Business Enterprise			Small Business Enterprise	, , , , , ,			1	Veteran Owned Business	11.7	sabled Veteran vned Business	Emerging Small Business	
Number of Cla	evac	la Residents	E	mployed:				0				
Corporate/Business	s Entity Name:	Atla	Atlas Intermediate Holdco, Inc.									
(Include d.b.a., if ap	plicable)											
Street Address:		C/O	Nearmap,1850	W	Ashton Blvd, #	500	We	ebsite: N/A				
City, State and Zip	Code:	Leh	i, UT 84043				РО	C Name: Ryan McC		nearmap.com		
Telephone No:		(503	3) 422-5406					x No: N/A				
		(,	_								
Nevada Local Stree		N/A					We	ebsite: N/A				
(If different from ab		N/A					1.4	cal Fax No: N/A				
City, State and Zip	Code:						Local POC Name: N/A					
Local Telephone No) :	N/A					Email: N/A					
Entities include all bu	siness associations	s orga	nized under or gov	vem	ed by Title 7 of	the Neva	ida R	ends to the applicant and tevised Statutes, includes, and professional co	ding but	not limited to priva	te corporations,	
N/A. Atlas Parent, L	Full Name		N	Title N/A					Corp	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations) N/A 100%		
This section is not re	quired for publicl	y-trad	ed corporations.	Ar	e you a publicly	-traded	corpo	oration? Ye	s 🗸	No		
	al members, partne County Water Recla							Clark County, Departm I official(s)?	ent of A	viation, Clark Coun	ty Detention	
Yes			ease note that Cor , or other contracts					ected official(s) may no itive bid.)	t perforr	n any work on profe	essional service	
sister grandchild		ated to	o a Clark County, I					tic partner, child, parer inty Detention Center o				
Yes	✓ No (If y	es, pl	ease complete the	Dis	sclosure of Relati	ionship fo	om o	n Page 2. If no, pleas	e print N	/A on Page 2.)		
I certify under penalty land-use approvals, co									stand th	at the Board will no	t take action on	
DocuSigned by:					A Dob							
(<u>) Koludu</u> -48i9428bF30D4D5					A. J. Rohde Print Name		_					
President Title					7/25/2023 Date	3						

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A

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Print Name Authorized Department Representative

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			000001	-	01 01111		II 71 TUITOII 7 LE				
Business Entity T	ype (Please sele	ct one)									
Sole Proprietorship	Partnership		Limited Liability npany		Corporation	Trust	Non-Profit Organization		Other		
Business Designa	tion Group (Ple	ase sel	ect all that apply)			1	-			
MBE	MBE WBE SBE		SBE		PBE		VET		OVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise		ed	Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business Emerging Sma Business		
Number of CI	ark County	Nevad	la Residents	E	mployed:			0			
Corporate/Business Entity Name: Atlas Parent, L											
(Include d.b.a., if a	201704										
Street Address:	.F.F	C/O	Nearmap,1850	W A	Ashton Blvd, #5	500	Website: N/A				
City, State and Zip	Code:	Leh	i, UT 84043				POC Name: Ryan McC		nearmap.com		
Telephone No:		(503	3) 422-5406				Fax No: N/A				
Nevada Local Stre	et Address						Website: N/A				
(If different from a		N/A				'	nebsite.				
City, State and Zi		N/A					_ocal Fax No: N/A				
Local Telephone		N/A					Local POC Name: N/A				
				Email: N/A							
financial interest in the business entity appearing before the Board. Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals we ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporation close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title % Owned (Not required for Publicly Traded Corporations/Non-profit organization) N/A N/A N/A N/A N/A N/A N/A N/							te corporations, d blicly Traded corganizations)				
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?											
			ners or principals, on District full-time				a Clark County, Departm ted official(s)?	nent of A	- viation, Clark Cour	ity Detention	
Yes	√ No (If yes, p		unty	employee(s), or	appointed	/elected official(s) may no	ot perform	n any work on prof	essional service	
sister, grandch		related t	o a Clark County, I				estic partner, child, parer County Detention Center				
Yes											
I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.											
land-use approvals,								rstand tha	at the Board will no	ot take action on	
				nang	es without the co			rstand tha	at the Board will no	ot take action on	
land-use approvals,				nang	es without the co			rstand th	at the Board will no	ot take action on	
land-use approvals, on DocuSigned by:				nang	es without the co	ompleted d		rstand th	at the Board will no	ot take action on	

1

List any disclosures below: (Mark N/A, if not applicable.)

Print Name

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A
4			
Water Reclamation District. "Consanguinity" is a relations	Clark County, Department of ship by blood. "Affinity" is a rel	ationship by marriage.	
	d Domestic Partners – Childrer	a Daronto In Java (first doc	******
			,
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			