

<b>Business Entity Type</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group</b> N/A (Non Applicable)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> 70						
<b>Corporate/Business Entity Name:</b> Harber Company, Inc.						
<b>(Include d.b.a., if applicable)</b> dba Mountain Cascade of Nevada						
<b>Street Address:</b> 555 Exchange Court			<b>Website:</b> www.mountaincascade.com			
<b>City, State and Zip Code:</b> Livermore, California 94550			<b>POC Name:</b> Dave Hicks <b>Email:</b> estimating@mountaincascade.com			
<b>Telephone No:</b> 925-373-8370			<b>Fax No:</b> 925-373-0179			
<b>Nevada Local Street Address:</b> (If different from above) 3764 Civic Center Drive			<b>Website:</b> www.mountaincascadeofnevada.com			
<b>City, State and Zip Code:</b> North Las Vegas, Nevada 89030			<b>Local Fax No:</b> 702-736-8958			
<b>Local Telephone No:</b> 702-736-8802			<b>Local POC Name:</b> John Fornfeist <b>Email:</b> johnf@harberco.com			

**List of Owners/Officers:**

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or 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 with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, 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 corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
Schelly Frades	Secretary/Treasurer	17.44
Michael Duke Fuller	Chairman/President	70.86
Michael Lee Fuller	Director/CEO	11.70

**This section is not required for publicly-traded corporations.**

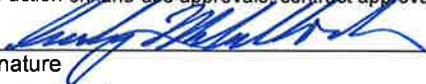
1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes  No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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.

  
 Signature  
 Vice President  
 Title

Andy McCulloch  
 Print Name  
 4/24/24  
 Date

List any disclosures of relationships 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/OFFICIAL'S DEPARTMENT
N/A (Non Applicable)	N/A (Non Applicable)	N/A (Non Applicable)	N/A (Non Applicable)

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

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

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

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**For County Use Only:**

If any Disclosures 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:

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Signature

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Print Name

Authorized Department Representative

END OF DOCUMENT