

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<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>				None		
<b>Corporate/Business Entity Name:</b> Navitus Health Solutions, LLC						
<b>(Include d.b.a. if applicable)</b>						
<b>Street Address:</b>		361 Integrity Drive		<b>Website:</b> www.navitus.com		
<b>City, State and Zip Code:</b>		Madison, WI 53717		<b>POC Name:</b> David Mockert		
				<b>Email:</b> David.Mockert.navitus.com		
<b>Telephone No:</b>		608-729-1627		<b>Fax No:</b> 608-729-2627		
<b>Nevada Local Street Address:</b>		N/A		<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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 applications, extends to the applicant and the landowner(s).

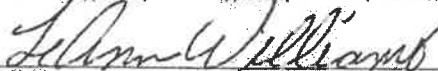
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Navitus Holdings, LLC	N/A	65%
Costco Wholesale Corporation	N/A	35%

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

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

LeAnn Williams  
 Print Name

Paralegal  
 Title

08/30/2022  
 Date

## DISCLOSURE OF RELATIONSHIP

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			

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Notes/Comments:

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Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</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 (Please select all that apply)</b>						
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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>						
<b>Corporate/Business Entity Name:</b>		Costco Wholesale Corporation				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		999 Lake Drive		<b>Website:</b>		
<b>City, State and Zip Code:</b>		Issaquah, WA 98027		<b>POC Name:</b>		
<b>Telephone No:</b>		425-313-8100		<b>Email:</b>		
<b>Nevada Local Street Address:</b> <i>(If different from above)</i>		N/A		<b>Fax No:</b>		
<b>City, State and Zip Code:</b>				<b>Website:</b>		
<b>Local Telephone No:</b>				<b>Local Fax No:</b>		
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See attached list of officers		

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 Signature

LeAnn Williams  
 \_\_\_\_\_  
 Print Name

Paralegal  
 \_\_\_\_\_  
 Title

08/30/2022  
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N/A			

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

**OFFICERS OF COSTCO WHOLESALE CORPORATION**

**Walter Craig Jelinek, CEO**

**Roland Vachris, President**

**Richard Galanti, Executive Vice President**

**Richard Stephens, Senior Vice President**

**John Sullivan, Executive Vice President/Secretary**

**Gail Tsuboi, Assistant Vice President/Assistant Secretary**

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

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<b>Business Designation Group (Please select all that apply)</b>						
<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>						
<b>Corporate/Business Entity Name:</b> Navitus Holdings, LLC						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		361 Integrity Drive		<b>Website:</b>		
<b>City, State and Zip Code:</b>		Madison, WI 53717		<b>POC Name:</b>		
<b>Telephone No.:</b>		608-729-1646		<b>Email:</b> Legal@navictus.com		
<b>Nevada Local Street Address:</b>		N/A		<b>Fax No.:</b> 608-729-1626		
<b>(If different from above)</b>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No.:</b>		
<b>Local Telephone No.:</b>				<b>Local POC Name:</b>		
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Dean Health Systems, Inc.	N/A	100%

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Signature

LeAnn Williams  
Print Name

Paralegal  
Title

08/30/2022  
Date

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(Mark N/A, if not applicable.)

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N/A			

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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>						
<b>Corporate/Business Entity Name:</b> Dean Health Systems, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		1808 W. Bellline Hwy.		<b>Website:</b>		
<b>City, State and Zip Code:</b>		Madison, WI 53713		<b>POC Name:</b>		
<b>Telephone No:</b>		608-729-1075		<b>Email:</b>		
<b>Local Telephone No:</b>		N/A		<b>Local POC Name:</b>		
<b>Local Fax No:</b>				<b>Email:</b>		

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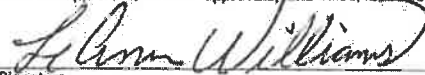
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
FPP, Inc.	N/A	100%

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 Signature LeAnn Williams  
 Print Name  
 Paralegal 08/30/2022  
 Title Date



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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>						
<b>Corporate/Business Entity Name:</b> FPP, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		10101 Woodfield Lane		<b>Website:</b>		
<b>City, State and Zip Code:</b>		St. Louis, MO 63132		<b>POC Name:</b>		
<b>Telephone No:</b>		314-994-7800		<b>Email:</b>		
<b>Nevada Local Street Address:</b> <small>(if different from above)</small>		N/A		<b>Fax No:</b>		
<b>City, State and Zip Code:</b>				<b>Website:</b>		
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SSM Health Care Corporation	N/A	100%

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<b>Number of Clark County Nevada Residents Employed:</b>						
<b>Corporate/Business Entity Name:</b>		SSM Health Care Corporation				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		10101 Woodfield Lane		<b>Website:</b>		
<b>City, State and Zip Code:</b>		St. Louis, MO 63132		<b>POC Name:</b>		
<b>Telephone No:</b>		314-994-7800		<b>Email:</b>		
<b>Telephone No:</b>				<b>Fax No:</b>		
<b>Nevada Local Street Address: (If different from above)</b>		N/A		<b>Website:</b>		
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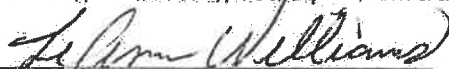
1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

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, Department of Aviation, Clark County Detention Center 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, and sales, leases or exchanges without the completed disclosure form.

  
Signature

LeAnn Williams  
Print Name

Paralegal  
Title

08/30/2022  
Date

## DISCLOSURE OF RELATIONSHIP

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			

\* 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)

**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  
Authorized Department Representative

**SSM Health Care Corporation Officers**

**Rick Corcoran, Chair**

**Marie Devlin, Vice-Chair**

**Laura Kaiser, President**

**Steven Smoot, Vice-President**

**Douglas Long, Secretary**

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