Business Entity	Туре							4				
		☐ Partnership		Limited Liabilit	y Company	□ Co	orporation		ust	☐ Non- Profit Organiza	t 📗 Other	
Business Design	ation	Group					_					
□ МВЕ	□ N	□ WBE		☐ SBE ☐ PBE			□ VET		☐ DVET		□E	SB
Minority Business Enterprise	ness Women-Owned Business Enterprise		-	Emall Business Enterprise	Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business		Emerging Small Business	
N/A												
Number of Clar	k Coı	unty Nevada i	Resid-	ents Employ	ed: 36							
Corporate/Busine	ess Eı	ntity Name:	Builders United, LLC									
(Include d.b.a., if	appli	cable)										
Street Address:			6001 S Decatur BLvd, Ste. J				Website: www.buildersunited.com					
City, State and Zip Code:			Las Vegas, NV 89118				POC Name: Email: Kallen Kildea					
Telephone No:			702.499.2608				Fax No: 702.891.0819					
Nevada Local Street Address: (If different from above)							Website:					
City, State and Zip Code:							Local Fax No:					
Local Telephone No:							Local POC Name Email:					
List of Owners/	Offic	ers:										
All entities, with ownership or financia						ıst list th	e names of ir	ndividua	als holdi	ng more th	an five	percent (5%)
Publicly-traded individuals with own landowner(s).	<b>entitie</b> nership	s and non-profi or financial inter	<b>t orga</b> est. Th	nizations shall ne disclosure req	list all Corpoi uirement, as ap	rate Off oplied to	icers and D land-use tra	irector insactio	<b>s</b> in lie	u of disclo	sing tl e appli	ne names of cant and the
"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			(Not required fo			required for Pub	% Owned Publicly Traded Corporations/Non- rofit organizations)		
Kallen Kildea			Pre	President			7			70%		
Katherine Kildea			Vice President				30%					

Thi	s section is not	t 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, De 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.)	al	
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)?				
	valor recolarii				
	☐ Yes	⊠ No	(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.		
	☐ Yes	⊠ No			
	☐ Yes	⊠ No	(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.  ry, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will no	ot .	
take	☐ Yes	⊠ No	(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.  ry, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will no rals, contract approvals, land sales, leases or exchanges without the completed disclosure form.	ot	
Sig	Yes  ertify under penale action on land-	⊠ No	(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.  ry, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will no vals, contract approvals, land sales, leases or exchanges without the completed disclosure form.  Kallen Kildea	)t	
Sig	rtify under pena e action on land- nature sident	⊠ No	(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.  ry, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will no vals, contract approvals, land sales, leases or exchanges without the completed disclosure form.  Kallen Kildea  Print Name	ot	

NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT
	EMPLOYEE/OFFICIAL	EMPLOYEE/OFFICIAL COUNTY*

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

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

20001 - FWRC Operational Control Center Facilities

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 5

**Bid Documents** 

Master Rev. 8/29/2018

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

<sup>&</sup>quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

For County Use O	Only: 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 I	Representative

END OF DOCUMENT