## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity T	ype (Please select	one)						
Colo	☐Partnership	Limited Liability	☑ Corporation	☐ Trust	Organization Non-P	rofit		
	ition Group (Please	select all that apply)						
П мве	□WBE	□ SBE	☐ PBE		□ VET	□DVET	☐ ESB	
Minority Business Enterprise		Small Busines Enterprise	Physically Business En	Challenged terprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
	a. O W. No.	veda Besidents	Employed:	250				
Number of Ci	ark County Ne	vada Residents	Linployeu.					
			1 = 110= =	114	114.114.0			
Corporate/Business Entity Name:		PAR 3 LANDSCAPE & MAINTENANCE, INC.						
Include d.b.a., if a	nclude d.b.a., if applicable)		PAR 3 LANDSCAPE			AR 3 LAND SCAPE	E. COM	
Street Address:		4610 WYNA	ROAD	W	ebsite: WWW. 17	AND IN AND		
City, State and Zip	City, State and Zip Code:		LAS VEGAS, NV 89103		POC Name: SYMEON BIBIAND Email: SYMEON @ PAR3 LANDSCAPE. COM			
Telephone No:		CELL: (725) 377-2835			Fax No:			
	at Address:			w	Website:			
Nevada Local Stre	90	SAM	1E		SEE ABOVE			
	f different from above)			Lo	ocal Fax No:			
City, State and Zip Code:  Local Telephone No:				Lo	ocal POC Name:			
		(702) 253-7878			Email:			
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## **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
AllA			
14/11			
	1 AD		
	10'		
	1 7		

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

"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 Іп-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

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