DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DIOOLOGORE	OI OTTILL	0711	THE PROPERTY OF THE					
Business Entity Type	Please select or	ne)								
Sole Proprietorship		Limited Liability	Corporation	Trust	Non-Profit Organization		Other			
Business Designation	n Group (Please s	elect all that apply)	r							
☐M8E	☐ WBE	SBE	□PBE		□ VET		DVET	□ESB		
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business		Emerging Sma Business		
Number of Clark	County Neva	ada Residents E	mployed: 60							
Corporate/Business Entity Name:		Taylor Print & Visual Impressions, Inc.								
		Taylor Print Impressions								
(Include d.b.a., if applicable)		1725 Roe Crest Drive			Website:www.taylor.com					
Street Address:		North Mankato, MN 56003			POC Name: Bruce Bray					
City, State and Zip Co	14.0				have been the same					
	67	8 004 2170			Email: bruce.bray@taylor.com					
Telephone No:	671	678-924-2170			Fax No:					
Nevada Local Street Address:		4151 N Pecos Road Ste 203		We	Website:					
(If different from above		V ND / DO445								
City, State and Zip Co	ide: Las	Las Vegas, NV 89115		_	Local Fax No:					
Local Telephone No:	702	2-643-2110		Loc	Local POC Name: Jay Nickels Fmail: jay.nickels@taylor.com					
close corporations, foreign corporations, limited liability compar Full Name			Title Holding Company		s, and professional col	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
yor corporation		TOOM	g Company			10078				
his section is not requir	embers, partners, ov	vners or principals, involv	ved in the business ent	ty, a C	lark County, Departme			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.)										
Do any individual me sister, grandchild, gra full-time employee(s).	andparent, related to	ners or principals have a o a Clark County, Depar d official(s)?	a spouse, registered de tment of Aviation, Clar	mestic Coun	partner, child, parent ly Detention Center or	, in-law or Clark Co	brother/sister, hal unty Water Reclar	if-brother/half- nation District		
Yes	No (If yes, pl	ease complete the Discl	osure of Relationship fo	orm on	Page 2. If no, please	print N/A	on Page 2.)			
certify under penalty of pend-use approvals, contract		les, leases or exchange	s without the completed	disclo	sure form.	tand that t	the Board will not t	ake action on		
gnature			Sruce Print Name 4-16-		-ray					
VI-F. Wan	vu		4-/6- Date	25						
li C			7010	_		_				

DISCLOSURE OF RELATIONSHIP

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

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	
	NA	NA	NA	
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a relacionsanguinity" applies to the differential Domestic Partners – Childrentalf-Brothers/Half-Sisters – Gran	candidate's first and second n – Parents – In-laws (first deg	gree)	
•	oted above, please complete the follo		particular agenda item?	
	ployee(s) noted above involved in any			
Notes/Comments:		•		
Signature				