#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

		U	13CE03UN	-	OI OVVI	LIVOI	111 /	FRINCIPAL	_			
Business Entity	Type (Please sele	ct one										
Sole Proprietorship	Partnership	Co	Limited Liability	Y	Corporation	Tru	st	Non-Profit Organization		Other		
Business Desig	nation Group (Plea	se sel	ect all that apply)						_			
MBE	□wbe		SBE		PBE		1	VET		DVET	☐ ESB	
Minority Business Enterprise  Women-Owned Business Enterprise		d	Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business	
			_		-		_		400			
Number of (	Clark County N	leva	da Residents	E	mployed:				109	J		
Corporate/Business Entity Name:			Las Vegas Paving Corporation									
(Include d.b.a., i	if applicable)											
Street Address:		44:	4420 South Decatur Blvd Website: lasve						ving	.com		
City, State and 2		La	Las Vegas, NV 89103				POC Name: Ryan Mendenhall  Email: ryan.mendenhall@lvpaving.com					
Telephone No:		70	702-251-5800					Fax No: 702-251-4891				
Nevada Local S	treet Address:						Website:					
(If different from	n above)											
City, State and	Zip Code:						Local Fax No:					
				Lo			Loca	Local POC Name:				
Local Telephone No:							Ema	ail:				
close corporations	all business associations, foreign corporations Full Name	s, limite	d liability companies	s, p	artnerships, limit	ted partne	erships	s, and professional con	porati:	ons.  % Owne (Not required for Purporations/Non-prof	ed ublicly Traded	
Mendenhall Family Trust			Owner			100%						
									-			
Please see a	ttached sheet fo	or Co	orporate Office	ers	& Directors	3				to a second	- 1 S.S. 2	
	ot required for publi									✓ No	onto Detection	
<ol> <li>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)?</li> </ol>												
Yes IV 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.)												
<ol> <li>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)?</li> </ol>												
Yes You (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)												
I certify under per land-use approva	nalty of perjury, that al	I of the	information provide sales, leases or exch	ed h nan	nerein is current, ges without the	complete completed	e, and d discl	accurate. I also under osure form.	rstand	that the Board will	not take action on	
Signature	MM	M	MI		Ryan M. M	1enden	hall				11	
Director					April 17, 2	025						
Title					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	M							
120100000000000000000000000000000000000								
			-1					
Water Reclamation District.  "Consanguinity" is a relation  "To the second degree of follows:  • Spouse – Registere	ship by blood. "Affinity" is a re	elationship by marriage. candidate's first and second en – Parents – In-laws (first de						
For County Use Only:								
	noted above, please complete the fol		a variantan a saada itaas 2					
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 Represent	ative	2						

#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

			DISCEOSE	JKE	OF OVAIN	IEKSH	HE /	PRINCIPALS					
Business Entit	y Tyi	e (Please selec	t one)										
Sole Proprietorship		Partnership	Limited Liabilit	ty [	Corporation	7 Trust		Non-Profit Organization		Other			
Business Desi	gnati	on Group (Pleas	se select all that ap	ply)							1		
MBE WBE		□SBE	31=38507	□PBE			□VET		VET	□ESB			
Minority Business Enterprise  Women-Owned Business Enterprise		Small Busine Enterprise	Small Business Physically				Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business			
Number of	Cla	rk County N	evada Resideı	nts E	mployed:			0					
Humber of	Ola	in obditty in	1										
			Mendenhall Family Trust										
Corporate/Bus		50 F 400	Wichaerman	,			_						
(Include d.b.a.,	, if a	pplicable)	4420 South Decatur Blvd Website: lasvegaspav						ina.com				
Street Address	:				Vu								
City, State and	7in	Code:	Las Vegas, NV 89103				POC Name: Ryan Mendenhall						
City, State and								Email: Ryan.Mendenhall@lvpaving.com					
Telephone No:			702-251-5800				Fax No: 702-251-4891						
Nevada Local	Stree	et Address:					Website:						
(If different fro	m ab	ove)											
City, State and	d Zip	Code:					Local Fax No:						
							Local POC Name:						
Local Telephone No:				Email:				iil:					
close corporation	ns, fo	reign corporations,	limited liability comp	anies,	partnerships, lim	ited partner Title	ships	evised Statutes, includi s, and professional corp	oradoi	% Own	ed		
T GILL YOUTH										(Not required for Publicly Traded Corporations/Non-profit organizations)			
Paula C. Mendenhall			Owner					100%					
This section is	not i	required for public	cly-traded corporati	ons. A	Are you a public	ly-traded c	orpo	oration? Yes	Z	] No			
1 Are any in	dividu	ual members, parti County Water Rei	ners, owners or princi clamation District full-	pals, in time er	nvolved in the bus inployee(s), or as	siness entity opointed/ele	y, a C ected	Clark County, Departme official(s)?					
Yes		No (1	f yes, please note that ontracts, or other con	at Cour tracts,	nty employee(s), which are not su	or appointe ibject to con	d/ele npetit	cted official(s) may not tive bid.)	perfor	m any work on pr	ofessional service		
sister, gra	ndchi	ild, grandparent, r	ners, owners or princi elated to a Clark Cou d/elected official(s)?	pals ha inty, De	ave a spouse, re epartment of Avi	gistered do ation, Clark	mesti Cou	ic partner, child, parent nty Detention Center o	t, in-lav r Clark	w or brother/sister County Water R	, half-brother/half- eclamation District		
Yes				te the C	Disclosure of Rel	ationship fo	rm or	n Page 2. If no, please	print l	N/A on Page 2.)			
I certify under p land-use approv	enalty vals, o	of perjury, that all contract approvals,	of the information proland sales, leases or	rovided r excha	herein is curren anges without the	t, complete, completed	, and discl	accurate. I also unders losure form.	stand t	hat the Board will	not take action on		
11	V	Mar	MI		Ryan M. Me	ndenhall							
Signature					Print Name								
Director					April 17, 20	25							
Title					Date								

## DISCLOSURE OF RELATIONSHIP

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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									
19/2 (	·								
=									
Water Reclamation District.	* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.								
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	elationship by marriage.							
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	d degree of blood relatives as						
<ul> <li>Spouse – Registere</li> </ul>	d Domestic Partners – Childre	en – Parents – In-laws (first de	egree)						
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:									
•		4							
Signature									
Print Name Authorized Department Represent	ative	*							

# LAS VEGAS PAVING CORPORATION

4420 S. Decatur Blvd., Las Vegas, NV 89103

## **Corporate Officers & Directors**

As of 01/01/2024

Jay N. Smith, President/Director

Marc C. Mendenhall, Treasurer/Director

Lori Mendenhall, Secretary/Director

Ryan Mendenhall, Director

Josh Mendenhall, Director

William D. Wellman, Director

Corey Newcome, Director

Clark Webster, Director

James M. Barker, Registered Agent/General Counsel/Director