Busine	ess Entity	Tyr	e (Please select	one										
Sol			Partnership		Limited Liability	Е	Corporation	Tru	ısı	Non-Profit Organization		Other		
		nati	on Group (Pleas	_	ect all that apply)								
□мв			□wbe		□sbe		□PBE			□ VET		DVET	□ESB	
	ty Busines	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran med Business	Emerging Small Business	
		_		_										
Num	ber of (Clai	k County No	evad	la Residents	E	mployed:	120	_					
Corpo	rate/Busi	ness	Entity Name:	Libe	rty Wellness Cer	nte	r II							
	de d.b.a.,		1211											
	Address			250	5 Anthem Village	PI	kwy, E-565		Wel	bsite: www.libertywe	(Iness	center.com		
	State and		ode:	Hen	derson, NV 8905	52				C Name: Jennifer Mo	rss		E .	
				702-	-332-328					: No:		197		
Telepr	none No:		11 24 24 25 25	TOL	002 020				M					
			Address:						Wel	bsite:				
	erent fron			_		-			Las	ot For No.				
City,	State and	Zip (Code:							Local Fax No: Local POC Name:				
Local	Telephon	e No	:							Emall:				
Entities include all business associations organized under close corporations, foreign corporations, limited liability com					nized under or gov llability companies	anies, partnerships, limited partnerships, and professiona Title			evised Statutes, includi s, and professional corp	corporations. % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
MadCa	r										40			
Just4To						. p 				10				
Pipxel											25		*	
Arenal		21									25			
1. A	re any Indi	vidua	I members, partne	rs, ow	ed corporations. ners or principals, n District full-time e	invo	olved in the busin	ess entit	y, a C	Clark County, Departme		No viation, Clark Coun	ty Detention	
	Yes	ı			ease note that Cou , or other contracts					cted official(s) may not tive bid.)	perform	n any work on profe	essional service	
si	ister, grand	child	members, partne grandparent, rel e(s), or appointed	ated to	a Clark County, D	iave Dep	e a spouse, regis artment of Aviati	stered do on, Clark	mesti Cour	ic partner, child, parent nty Detention Center or	in-law Clark	or brother/sister, h County Water Recl	aif-brother/haif- amation District	
	Yes		✓ No (If:	yes, pl	ease complete the	Dis	closure of Relati	onship fo	orm or	n Page 2. If no, please	print N	/A on Page 2.)		
t certify land-us	under pen se approval	alty o	of perjury, that all on tract approvals, is	of the in	nformation provide les, leases or exch	d he	erein is current, o ges without the co	complete ompleted	, and I discl	accurate. I also unders osure form.	tand th	at the Board will no	t take action on	
Signatur	ire.					10	Jennifer Morss	3						
Owner/	Partner		X-21			3	10/08/2025			- (O)-				
Title		_				_	Date							

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNT EMPLOYEE/OFFICI AND JOB TITLE	AL	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
	1			
		Λ		
		1	·	

^{*} 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)

For County Use Only:
f 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

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Rusine	see Entity	Tvn	e (Please selec	t one)									
Sole	3		Partnership		Limited Liability	Е	Corporation	Trus	Non-F Organiza	Profit Itlon		Other	
Busine	ss Desig	natio	on Group (Plea:	se sele	ect all that apply)_					r		
□мв	E		□ WBE		SBE		PBE		□ VET			OVET	□ESB
Minority Enterpr	y Business rise	s	Women-Owned Business Enterprise	d	Small Business Enterprise		Physically Cha Business Ente		Veteran O Business	wned		abled Veteran ned Business	Emerging Small Business
Number of Clark County Nev					la Residents	E	mployed:	3					
Corpor	rate/Busir	ness	Entity Name:	Mac	lCar								
(Includ	le d.b.a., i	fap	plicable)										
	Address:			250	5 Anthem Village	e Pl	wy, E-565		Website: N/A				
	tate and 2		ode:	Hen	derson, NV 8905	52			POC Name: ^{Je} Email: m	ennifer Mor orss.jennife		ihoo.com	
Tolonh	one No:			702	-332-328				Fax No:				
									Website:				
	a Local Si erent from		Address:					- 1	Wensite.				
				+					Local Fax No:				
City, S	state and	ZIP (Joue.				ocal POC Name:						
Local 1	Telephone	e No	:						Email:				
Entities include all business associations organized under or govern close corporations, foreign corporations, limited liability companies, particles of the companies of the co					artnerships, limite	ed partner	ships, and profe	ssional corpo	oration (N	s. % Owned ot required for Pub orations/Non-profit	l licly Traded		
Jennifer	Morss									5	0		
Kevin M	lorss									5	0		
bus -	_												
1. Ar	re anv indiv	vidua	l members, partn	ers, aw	red corporations. In or principals, on District full-time	invo	olved in the busin	ness entity	, a Clark County	Yes , Departmen		No dation, Clark Coun	ty Detention
	Yes		7 No (II	yes, p	lease note that Cou	unty	employee(s), or	appointed	d/elected official	(s) may not p	erform	n any work on profe	essional service
sis	ster, grand	child	members, partn grandparent, re e(s), or appointed	lated t	mers or principals h o a Clark County, [have Dep	e a spouse, regis artment of Aviati	stered don ion, Clark	nestic partner, c County Detentio	hild, parent, i in Center or (in-law Clark (or brother/sister, h County Water Red	alf-brother/half- amation District
	Yes				lease complete the	Dis	sclosure of Relati	ionship for	m on Page 2. If	no, please p	rint N	'A on Page 2.)	
I certify land-use	under pen e approvak	alty o	of perjury, that all ntract approvals,	of the i	information provide iles, leases or exch	ed hi vang	erein is current, o ges without the o	complete, ompleted	and accurate. I addisclosure form.	also understa	ind tha	at the Board will no	t take action on
							Jennifer Morss						
Signatu	Te.						Print Name						
Owner/F	Partner						10/08/2025						
Title		_				_	Date .				_		

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
	1		
	2/1		
	IVIH		
	1		

"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

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood: "Affinity" is a relationship by marriage.

		DISCEOSO	AL OF OWN		71 71111011 71111			
Business Entity Ty	po (Please select o	ne)	Т	1				
Sole Proprietorship		Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designat	on Group (Please	select all that apply	y)			T	10-0	
□ мве	□wbE	☐ SBE	PBE		□vet	DVET	☐ ESB	
Minority Business Enterprise	Wemen-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Cla	rk County Nev	rada Resident	s Employed:	D				
Corporate/Business	Entity Name:	lust4Today LLC						
(include d.b.a., if as								
Street Address:		41 W Sherwood D	Or.	w	ebsite: N/A			
City, State and Zip		lenderson, Nv, 89	015	PC	OC Name: Rvan Tucke nail: Ryan.t@unii			
Telephone No:	7	702-886-8795		Fa	x No: N/A			
Nevada Local Stree	t Address:				ebsite:			
(If different from ab	ove)							
City, State and Zip	Code:			Lo	cel Fex No:			
Local Telephone N	»:			-	Local POC Name: Email:			
Gose corporations, for	Full Name	не важи сипре	unies, partnerships, limited pertnerships, and professional Title			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Ryan Tucker			Owner			50%		
Nicole Tucker			Owner			50%		
THEODO TOCKOT			SWIIO		-			
This section is not not. 1. Are any individu Center or Clark	al members, partners County Water Reclair	, owners or principals action District full-time	i, involved in the businemployee(s), or appountly employee(s), or	iness entity, a pointed/electe or appointed/e	Clark County, Department official(s)?			
sister, grandchil	al members, partners, d, grandparent, relate se(s), or appointed/ek	ed to a Clark County,	have a spouse, reg Department of Avia	istered dome tion, Clark Co	stic partner, child, parent, junty Detention Center or	In-law or brother/sister, Clark County Water Re-	half-brother/half- clamation District	
Yes					on Page 2. If no, please			
I certify under penalty land-use approvals, o	of perjury, that all of to pretract approvals, lan	he information provid d sales, leases or ex	led herein is current, changes without the	complete, an completed dis	d accurate. I also underst closure form.	and that the Board will r	or take action ou	
Lan	1		Ryan Tucker					
Signature			Print Name					
Owner			10/8/2025 Date					
Title			Care					

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

			,
	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*
NAME OF BUCINESS	EMPLOYEE/OFFICIAL	COUNTY*	EMPLOYEE'S/OFFICIAL'S
NAME OF BUSINESS			
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
	4		
	I I I		
		1	
	/		
1	\wedge \wedge \wedge		1
	1111/	f	
1		<i>I</i>)	
			1
	, · · · ·		
	V		
	V-F		

^{*} 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)

	······································
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 contracti	ng/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	

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

		DISCLUSO	KE	OF OVVIO	ERSH	PPRINCIPAL	3			
Business Entity Tyr	oe (Please select	one)								
Sole Proprietorship	Partnership	Limited Liability		Corporation	Trust	Non-Profit Organization		Other		
Business Designati	on Group (Pleas	select all that app	iy)				_			
□мве	□wвE	✓ SBE		□PBE		□ VET		DVET	□ESB	
Minority Business Enterprise			Small Business Enterprise		allenged erprise	Veteran Owned Business		sabled Veteran wned Business	Emerging Small Business	
	55.00		_	00-5 470			1			
Number of Cla	rk County Ne	vada Residen	ts E	mployed:						
Corporate/Business	s Entity Name:	Pipxel LLC								
(Include d.b.a., if ap	pp(icable)									
Street Address:	1	6061 S. Fort Apad	he R	d. #140		Nebsite:				
City, State and Zip	Code:	Las Vegas, NV 8	9148			PCC Name: Joseph Dil Email: Joe@dglv-				
		702.630.6767				Fax No:				
Telephone No:	1 × × × × × × × × × × × × × × × × × × ×	7 GE. 300 . 57 67			-		- 27			
Nevada Local Stree						Website:				
(If different from ab						Local Fax No:				
City, State and Zip	Code:					Local POC Name:				
Local Telephone No	o:				- 1	Email:				
Entitles Include all business associations organized under or govern close corporations, foreign corporations, limited liability companies, p				Title			% Owned (Not required for Publidy Traded Corporations/Non-profit organizations)			
Joseph R DiRaffaele)		CEC)			1009	%		
			_				_			
This section is not not.	al members naring		ais. inv	olved in the busi	ness entity	a Clark County, Departm	_	✓ No Aviation, Clark Cou	nty Detention	
Yes	Z No (If		Count	ty employee(s), o	r appointed	l/elected official(s) may no	ot perfo	orm any work on pro	fessional service	
sister, grandchil	al members, partne id, grandparent, re ree(s), or appointed	lated to a Clark Coun	als har ty, De	ve a spouse, reg partment of Avia	istered don tion, Clark	nestic partner, child, parer County Detention Center	nt, in-la or Clar	w or brother/sister, k County Water Re	half-brother/half- clamation District	
Yes			the D	isclosure of Rela	tionship for	m on Page 2. If no, pleas	e print	N/A on Page 2.)		
I certify under penalty land-use approvals, c	of perjury, that all ontract approvals, I	of the information pro- and sales, leases or e	vided exchar	herein is current, ages without the	complete, completed	and accurate. I also unde disclosure form.	rstand	that the Board will n	ot take action on	
Joseph R.	DiRaffael	e.		Joseph R DiRaffaele						
Signature				Print Name						
CEO				10/08/2025						
Title			_	Date			_			

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
		. ^		
		I X		
		0 1,		
		() (
		1 '		
Ī				
ľ				
-				

"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	

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

Cushesa Fatter Trees	/01									
Business Entity Type		-	_							
Sole Proprietorship	artnership	Limited Liability Company	E	Corporation	Trust	Non-Profit Organization		Other		
Business Designatio	n Group (Please s	elect all that app	oly)			1				
□мве	□WBE	□SBE		PBE		VET		OVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business Emerging Sma Business		Emerging Small Business	
Number of Clark	County Nev	ada Residen	ts E	mployed:	0					
Corporate/Business i	Entity Name: A	enal Investment	s Inc.							
(Include d.b.a., if app	licable)									
Street Address:	87	44 Double Eagl	gle Drive Websi			Vebsite:	bsite:			
City, State and Zip Co		s Vegas, NV 89	117		11	OC Name: Kevin McK		all com		
Talantana Na.	(7	02)528-4363				Linas.				
Telephone No:	· ·	02/020 7000				ax No;	-			
Nevada Local Street /					٧	/ebsite:				
City, State and Zip C					1	ocal Fax No:				
City, State and 21p C	oue.					Local POC Name:				
Local Telephone No:						Email:				
ownership or financial int Entitles include all busin close corporations, foreig	ness associations on	ganized under or g	jovern	ed by Title 7 of t	the Nevada	Revised Statutes, includ	ing but r poration	not limited to privat		
Kevin McKinley			President					porations/Non-profit organizations)		
This sealing to seal year	dund for a cold to be don	10.00 may	Α		445.4		•	Nie		
		wners or principals	s, invol	lved in the busin	ess entity, a	Clark County, Departme			y Detention	
Yes		please note that Co is, or other contrac				lected official(s) may not titlve bid.)	perform	any work on profe	ssional service	
sister, grandchild, g	nembers, partners, o grandparent, related s), or appointed/elect	to a Clark County,	hovo Depa	a epouse, regis rtment of Aviatio	tered dome on, Clark Co	otic partner, child, parent unty Detention Center of	, In-law o Clark C	or brother/sister, ha ounty Water Recla	alf-brother/half- mation District	
Yes	No (If yes,	olease complete th	e Disc		onship form	on Page 2. If no, please	print N/	on Page 2.)	Total Torres & Section	
I certify under penalty of pland-use approvals, contr				rein is current, c	omplete, an	d accurate. I also unders	tand tha	the Board will not	take action on	
- 4			ł	Kevin McKinley	y					
Signature	2		-	Print Name						
President			1	10-08-2025						
Title				Date						
				1						

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
	1			
	A 1	1		
	11 11	1	-	
137				

^{*} 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 In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For County Use C	Only:
If any Disclosure o	f 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	
	ment Representative

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.