DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

Business Entity Type (Please select one)								
Sole Proprietorship	Partnership	l)	Liability Company	Corporation	Trust		n-Profit anization	Other
Business Des	ignation Gr	oup (Please select	all that apply)				
МВЕ	WBE		SBE	PBE	VET	DVE	Т	ESB
Minority Business Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenged Business Enterprise	Veteran O Business		d Veteran Business	Emerging Small Business	
Number of Cl			la Residents I	Employed: 0				
Business Info		ricia	ia residents i	in proyecti				
Corporate/Business	NAC SERVER AND	Water	blasting, LLC.			W		
(Include d.b.a., if a			echnologies					
Street Address:	ірріісавіс)		SE Commerce	Avenue	Wehs	site: www.theh	og.com	
City, State and Zip Code:		Stuart, FL 34997				POC Name: Michael Lettengarver		
Telephone No:		772-214-1714				POC Email: michael@thehog.com		
Telephone ivoi				***************************************		No: 772-223-5		
Nevada Local Stree	et Address:				Webs	STATES AND DESIGNATION OF THE		
(If different from a						Local POC Name:		
City, State and Zip					Local POC Email:			
Local Telephone N					Local	Fax No:		
Publicly-traded of individuals with ow landowner(s). Entities include al	entities and no nership or finar I business associ corporations, fo	on-profit ocial inter ations or	t organizations s rest. The disclosure ganized under or g	searing before the Board. shall list all Corporate e requirement, as applied overned by Title 7 of the liability companies, partn	Officers and to land-use Nevada Reverships, limit	e applications, existed Statutes, inc	xtends to the cluding but no , and profession	applicant and the t limited to private onal corporations.
Full Name James Crocker C			T Owner/CEO	Title			% Owned quired for Publicly Traded ns/Non-profit organizations)	
James Crocker				Jwner/CEO			100	
This section is no	ot reauired for	publich	y-traded corpora	tions. Are you a publi	iclv-traded	corporation?	Yes	√ No
Are any indiv	idual members,	partners	, owners or princip	pals, involved in the bus tion District full-time emp	iness entity,	, a Clark County		of Aviation, Clark
Yes				ounty employee(s), or a s, or other contracts, whi				orm any work on
half-brother/h	alf-sister, grand Reclamation Dis	child, gra strict full-	andparent, related time employee(s),	Is have a spouse, registed to a Clark County, Depor appointed/elected off Disclosure of Relationshi	artment of Aicial(s)?	Aviation, Clark Co	ounty Detention	on Center or Clark
				provided herein is curren land sales, leases or exc Ed Bukowski				
Signature)	CIU	Print Name				
CFO				5/21/2024				
Title				Date				

DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

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	N/A	N/A	N/A

^{*}County employee means an employee of Clark County, 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)

any Discl	osure 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 anyway with the business in performance of the contract?
lotes/Com	nents:
ignature	

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

[&]quot;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: