Business Entity	у Тур	e (Please selec	et one)				-					
Sole Proprietorship	_	Partnership	Limited Company	Liability		Corporation	Trust	Non-Profit Organization			Other	
Business Desig	gnatio	on Group (Plea	se select all ti	hat apply	y)					1		
Пмве		□wbe	□SB			PBE		☐ VET		□D\	VET	☐ ESB
Minority Busines Enterprise	55	Women-Owner Business Enterprise	d Small Enterp	Business irise		Physically Ch Business Enl		Veteran Owns Business	ed		bled Veteran ed Business	Emerging Smal Business
Number of	Clar	k County N	levada Re	sidents	s Em	ployed:	91					
Corporate/Busi	iness	Entity Name:	A Novo Car	re LLC								
Include d.b.a.,												
Street Address		pirodoro	8225 W. Sa	ahara Av	e. Ste	C-2	V	ebsite: www.an	ovocare	elv.com	1	
Street Address	•		Las Vegas,	NV 891	17		P	OC Name: Yele	na Gonz	zalez		
City, State and	Zip C	ode:							n@anov		iv.com	
			702-871-00	002				x No: 725-251-	6712			
Telephone No:	-		10201	. 5 . B 5 . F .	-ai - N-	7 P. F. 158		ebsite:	agus en 1900			7,00
Nevada Local S							•	epsite.				
If different from								ocal Fax No:				
City, State and	Zip	Code:						ocal POC Name	:			
and Tolenhana No:		:			Email:			•				
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	111	NII.	
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			
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	
Yes No Is the County em	noted above, please complete the foll ployee(s) noted above involved in the sployee(s) noted above involved in any	contracting/selection process for this	
Signature			
Print Name Authorized Department Representa	ative		

usiness Entity T	ype (Please selec				Non-Profit			
Sole roprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Design	ation Group (Plea	se select all that apply	0				Псев	
⊒мве	□wBE	☑SBE	PBE		VET	DVET	□ ESB	
Minority Business Enterprise	Women-Owne Business Enterprise	d Small Business Enterprise	Physically Ch Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of C	lark County N	levada Resident	s Employed:			13		
O-company (Busine	ess Entity Name:	A Sacred Home He	alth Care LLC					
Include d.b.a., if								
	applicable	7040 Laredo Street	Suite E	v	lebsite: www.sacred	nomehealthcare.com		
Street Address:		Las Vegas NV 891	17	Р	OC Name: Briana Me	dina		
City, State and Z	ip Code:	_		111	mail: sacredhor	nehealth@gmail.com		
		702-834-6560			ax No: 702-834-8494			
Telephone No:		7 02-334-0000			Vebsite:			
Nevada Local St	reet Address:			V	vebsite:			
(If different from	above)				A Franchisco			
City, State and	Zip Code:				ocal Fax No:			
				L	Local POC Name:			
Local Telephone					mail:			
Publicly-traded o ownership or finan	ntities and non-p	rofit organizations sha closure requirement, as	Il list all Corporat applied to land-use a	e Officers a	extends to the applicant		of individuals with	
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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	N/A	N/A	N/A

* County employee means	OL 1.	O = 1	Department	of Aviation	Clark	County	Detention	Center or	Clark	County
* County employee means	Clark	County,	Department	Of Aviation,	Olain	000,				
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 contracting/selection process for this particular agenda item?
Yes No Is the County employee(s) noted above involved in the sentenct?
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:

		DISCLUSU	KE OF OV	AIAEKSU	IF/FRINGIFAL	-0		
Business Entity Ty	pe (Please selec	t one)						
Sole Proprietorship	Partnership	Limited Liability Company	✓ Corporation	on Trust	Non-Profit Organization	Other		
Business Designa	tion Group (Pleas	se select all that appl	y)					
Т МВЕ	□wbe	□SBE	□PBE		VET	DVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise		Challenged Enterprise	Veteran Owned Business	Disabled Veterar Owned Business		
Number of Cla	ark County N	evada Resident	s Employed	l:		74		
1700	F. W. N.	Abiding Home Care	Services Inc					
Corporate/Busines		/ with a second						
Include d.b.a., if a	pplicable)	1951 Stella Lake S	t #36	,	Website: abidinghome	careservices.com		
Street Address:					POC Name: Edward B			
City, State and Zip	Code:	Las Vegas, NV 891	100			@abidinghomcareser	vices.com	
		702-888-1415 / 702	2-595-4805		Fax No: 702-648-8966			
Telephone No:		702-000-14137702	2-000-4000					
Nevada Local Stre	et Address:] '	Website:			
If different from a	bove)							
City, State and Zi	p Code:				Local Fax No:			
ocal Telephone h	lo:				Local POC Name:			
					Email:			
close corporations, f	oreign corporations, Full Name	limited liability compani	es, partnerships,	Title	a Revised Statutes, incluships, and professional co	% O	wned r Publicly Traded profit organizations)	
dward Brown			Director			100		
Are any individ Center or Clar Yes	lual members, partn k County Water Red No (li	clamation District full-tim f yes, please note that C ontracts, or other contra	s, involved in the e employee(s), o county employee cts, which are no	business entity r appointed/elects), or appointed t subject to com	, a Clark County, Departi cted official(s)? d/elected official(s) may r petitive bid.)	ment of Aviation, Clark (professional service	
sister grandch	nild, grandparent, re byee(s), or appointe	elated to a Clark County d/elected official(s)?	, Department or	Aviation, Clark	nestic partner, child, pare County Detention Center	or blank downly reason		
Yes	✓ No (I	f yes, please complete t	he Disclosure of	Relationship for	m on Page 2. If no, plea	se print N/A on Page 2.)	
I certify under penal land-use approvals,	ty of perjury, that all contract approvals,	of the information provi land sales, leases or ex	ided herein is cur cchanges without	rent, complete, the completed	and accurate. I also undo disclosure form.	erstand that the Board v	vill not take action on	
Ed Br	rown		Edward I					
•			5/12/202	5				
Director / Owner			5/12/202 Date	J				
Title			Date					

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

Print Name 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
N/A			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release on sanguinity" applies to the d Domestic Partners – Childrenalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County em	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	

] Sole	ype (Please sel]Partnership		Limited		Corporation	☐ Trust	☐ Non-Profit		☐ Other	
Proprietorship		7.7	bility Company	4		_	Organization	-	1	
Business Designa		ase se	SBE	нуј	☐ PBE		☐ VET		DVET	□ ESB
MBE Minority Business Enterprise	Women-Own Business Enterprise	ed	Small Business Enterprise	s	Physically Ch Business Ent		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of Cl	ark County	Neva	da Residen	ts I	Employed:	117				
rambor or or	urik oouring									
Corporate/Busine	ss Entity Name	A	boveth	10	Rest	Hom	e care In	c		
Include d.b.a., if a										
Street Address:		20	2015.	10	nes blv	dn	febsite:			
		SU	ite E-3			Р	OC Name: MAS	va	marci	ч
City, State and Zip	Code:	LC	is Vego	15	NVBa	146 E	mail: Mayva - C ax No: (702)	arc	ia@Vida	Senionves
Telephone No:		17	107)42	2.6	5-337	十 F:	ax No: (702)	19	1 155	4 0
Nevada Local Stre	et Address:		Sau			W	ebsite:			
if different from a			Same	0	ıs					
City, State and Zi			abov	e		L	ocal Fax No:			
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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
MA			
Reclamation District.	lark County, Department of Av		n Center or Clark County Water
			ree of blood relatives as follows:
•	d Domestic Partners – Childre		
 Brothers/Sisters – H 	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents -	- In-laws (second degree)
For County Use Only:			
•	noted above, please complete the fol		is narticular agenda item?
	ployee(s) noted above involved in the ployee(s) noted above involved in an		
Notes/Comments:	playee(s) floted above involved in an	y way war are basiness in personne	
NOTES/CONTINUING			
Signature			
Print Name Authorized Department Representa	ntive		

□ Solo	41	ct one)			1				
☐ Sole Proprietorship	□Partnership	☐ Lim Liabilit	ited Company	Corporation	Trust	☐ Non-Profit Organization		☐ Other	
Business Desig	nation Group (Ple	ase select	all that apply	0			Τ_		
MBE	□WBE	. I⊽	SBE	☐ PBE		□ VET		VET	ESB
Minority Business Enterprise	Women-Owne Business Enterprise		mall Business hterprise	Physically Cl Business En		Veteran Owned Business		abled Veteran ned Business	Emerging Sma Business
Number of C	Clark County	Nevada	Residents	s Employed:	39	7			
Corporate/Busir	ess Entity Name:	A	D.L. 1	Homeco	ire :	inc.)
Include d.b.a., i		A	DL . P	Tomeca	re		101	-1	
Street Address:		502	7 Alt	à Dr	W	rebsite: WWW	AD	Hone Co	ire. com
City, State and 2		Lus	Vegas,	NV 89	1 / /	oc Name: Davi	of T	Lees ADLHome	LATE Com
Telephone No:		702	933	9770	F	ax No: 702	933	9773	
Nevada Local S	treet Address:				W	febsite:			
(If different from	above)	-						-	
City, State and	Zip Code:					ocal Fax No:			
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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
NA			
00. W			
County employee means C	lark County, Department of A	viation, Clark County Detentio	on Center or Clark County Wa
eclamation District.	ship by blood. "Affinity" is a re	alationship by marriage.	
	nsanguinity" applies to the car		ree of blood relatives as follow
	d Domestic Partners – Childre		
	lalf-Brothers/Half-Sisters – Gr		
or County Use Only:			
any Disclosure of Relationship is	noted above, please complete the fo	llowing:	Secreti where a result is the
Yes No Is the County en	nployee(s) noted above involved in th	te contracting/selection process for t	his particular agenda item r
	nployee(s) noted above involved in a	ny way with the dusiness in periorna	NICE OF BIO COMMON.
lotes/Comments:			
Signature			

Business Entity Ty	pe (Please select	t one)								
□ Sole _	Partnership	Limited Liability Company	Corporation	☐ Trust	☐ Non-Profit Organization	☐ Other				
Business Designat		e select all that appl	y)							
MBE	₩BE	SBE	☐ PBE		□ VET	DVET	☐ ESB			
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Smal Business			
Number of Cla	rk County Ne	evada Resident	s Employed:	45		11-1-11-11-1-1-1-1				
Corporate/Business	s Entity Name:	Heatercoll	ins, Inc							
(Include d.b.a., if ap	plicable)	Angel care home Health Servicas								
Street Address:	1	4087 F. LO	Ke Muad	SC We	bsite:					
City, State and Zip (Code:	as Vegas N	V, 89115 Cla	PO	C Name:	are Oyanoo	.Com			
Telephone No:		102-731 5	58 at	Fax	(No: 703 73	1.559+				
Nevada Local Street	t Address:			We	bsite:					
(If different from abo	ove)									
City, State and Zip	Code:			Loc	al Fax No:					
_ocal Telephone No				Loc	al POC Name:					
lose corporations, fore	ign corporations, lin	nited liability companies	s, partnerships, limit	ed partnershi	ps, and professional co	ng but not limited to priva prporations. % Owne (Not required for Put	ti.			
tnita Coll	ins)wher		Corporations/Non-profit organizations)					
Are any individual Center or Clark Co Yes Do any individual n sister, grandchild, full-time employee	members, partners bunty Water Reclam No (If ye service members, partners, grandparent, related (s), or appointed/ek	nation District full-time e is, please note that Co ce contracts, or other co owners or principals hav d to a Clark County, Dep	nvolved in the busin imployee(s), or apportunity employee(s), on ontracts, which are reverse a spouse, registed our timent of Aviation	ness entity, a pinted/elected or appointed/ not subject to red domestic , Clark Count	Clark County, Departm d official(s)? (elected official(s) may compelitive bid.) partner, child, parent, it y Detention Center or C	nent of Aviation, Clark Co not perform any work of n-law or brother/sister, ho Clark County Water Recla	on professional			
certify under penalty of a land-use approvals, o	perjury, that all of the	he information provided and sales, leases or ex	herein is current, ochanges without the	omplete, and	accurate. I also unders disclosure form.	stand that the Board will	not take action			

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

Print Name 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	NA
Reclamation District. "Consanguinity" is a relations	hip by blood. "Affinity" is a rel	ationship by marriage.	n Center or Clark County Water ee of blood relatives as follows:
	Domestic Partners – Children		
Brothers/Sisters – Ha	lf-Brothers/Half-Sisters – Grai	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is no	oted above, please complete the folio	wing:	
Yes No Is the County empl			
Yes No Is the County employer	oyee(s) noted above involved in any	way with the business in performand	e of the contract?
Notes/Comments:			
1			
Signature			

2 REVISED 7/25/2014

Business Entit	у Тур	e (Please select	one)										
Sole Proprietorship		Partnership	Co	Limited Liability		Corporation	Trus	st	Non-Profit Organization		Other		
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)					1_		1_	
☑ MBE		✓ WBE		SBE		PBE		\dashv	VET	□DVET □ESB			
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran med Business	Emerging Small Business	
Number of	Cla	rk County No	evac	la Residents	E	mployed:				31			
								_					
Corporate/Bus	iness	Entity Name:	-	ARIES FAMILY CARE LLC									
(Include d.b.a.,	if ap	plicable)		ES FAMILY CAR									
Street Address	:		1912	S MARYLAND	PA	RKWAY, SUITI	E-1	We	bsite: ariesfclv.com		01111 115		
			LAS	VEGAS, NEVA	DA,	89104.		РО	C Name: CATALINA	ANA A	GUILAH		
City, State and	Zip (Code:						Em	ariesfclv@g		om 		
Telephone No:			(702) 331 3650				Fax	(No: ⁽⁷⁰²⁾ 629 5800	-			
Nevada Local S	Stree	t Address:						We	bsite:				
(If different from													
City, State and						8		Lo	cai Fax No:				
Oity, Guito uni	-				Local POC Name:			cal POC Name:					
Local Telephor	ne No);		Email:									
ownership or fina	incial	interest. The discl	sure	requirement, as ap	plie	g to lang-use app and by Title 7 of	the Neva	da R	Directors in lieu of ends to the applicant ar devised Statutes, includes, and professional con-	ling but	not limited to priva		
		Full Name			Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
Beni	ta R	osalba Rivas	Meta	allo	Managing Member					55%			
(Cata	lina Ana Agu	ilar	Managing Member				per	45%				
w			-										
4 Aro any inc	المقطاية	al mambare nartre	פנפ עו	ded corporations.	inv	olved in the busi	iness entit	v. a :	Clark County, Departm		No Viation, Clark Cou	nty Detention	
Center or C	Clark (No (If	VAS F	on District full-time please note that Co s, or other contract	นทร	/ employee(s), o	r appointe	ed/ele	ected official(s) may no	t perfor	m any work on pro	fessional service	
sister gran	ndchile		ers, ov	vners or principals to a Clark County,	.		ictornal da	mac	tic partner, child, paren unty Detention Center (t, in-lav or Clark	v or brother/sister, County Water Red	half-brother/half- clamation District	
Yes					e Di	sclosure of Relat	tionship fo	orm c	on Page 2. If no, please	print N	I/A on Page 2.)	- 7 - 7 - 1 - 1 - 1 - 1	
I certify under pe land-use approve	enalty als, co	of perjury, that all ontract approvals,	of the land s	information provide ales, leases or exc	ed h	erein is current, ges without the o	complete completed	, and	I accurate. I also under closure form.	stand th	nat the Board will n	ot take action on	
Signature		Www	He	Lev.		Benita Rosalb	a Rivas	Met	allo				
	λ <i>1</i> -	mhan				05/08/2025							
Managing	ivie:	moer				Date							
1100						texto 1						REVISED 7/25/2014	

•			
NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
OWNER KINGII AL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
N/A			

		ı	
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of text ship by blood. "Affinity" is a rel consanguinity" applies to the o d Domestic Partners – Childrer alf-Brothers/Half-Sisters – Gra	to ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County emp	noted above, please complete the follo ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature			
Print Name Authorized Department Representa	tive		

	- 040	DICCEOCOL								
Business Entity Ty	pe (Please select					Non-Profit	-			
Proprietorship	Partnership	Limited Liability Company	7	Corporation	Trust	Organization		Other		
A		e select all that apply)			□VET □DVET □ESB				
МВЕ	₩BE	SBE						Emerging Small		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise						abled Veteran ned Business	Business	
Number of Cla	rk County Ne	evada Residents	En	nployed:			26			
Corporate/Busines	s Entity Name:	IPN HOLDINGS CORP								
(Include d.b.a., if ap		ASSISTING HANDS	SSC	UTH CENTR	AL LAS V	EGAS				
"	рисавіє)	8275 S. EASTERN A	-			ebsite: https://assistin	ghand	ls.com/84/nevad	a/sclasvegas/	
Street Address: City, State and Zlp	Code:	LAS VEGAS, NV 89	123		P	OC Name: PAUL NYA	RKO	STINGHANDS.C		
Telephone No:		702-850-2500			F	ax No: 702-846-2511				
Nevada Local Stree	t Address:				ν	Vebsite:				
(If different from ab	ove)		-				_			
City, State and Zip	Code:				L	ocal Fax No:				
Local Telephone N	o:				- 1	ocal POC Name: mail:				
Entitles include all buclose corporations, for	usinéss associations reign corporations, l Full Name	s organized under or go limited liability companie	verne s, pa	ed by Title 7 of rtnerships, limit	the Nevada ed partnersi Title	Revised Statutes, Includi nips, and professional corp	Olaboi	not limited to priva is. % Owner lot required for Pul	đ	
OD A OF MULLIARIO		,	ADMMINISTRATOR			Corporations/Non-profit organizations) 50%				
GRACE WILLIAMS	:		GEN, MANAGER				50%			
PAUL NYARKO			GEN. MANAGER				00.0			
		The second of th	्वक्रम	e paj iĝis / aj lipeni i	e esp. N		iko	A No		
1 Are one individu	al members nadae	y-traded corporations. ers, owners or principals, amation District full-time	invo	Ived in the busin	ness entity,	a Clark County, Departme	-	No viation, Clark Cour	ity Detention	
Yes Yes	No (If s		untv	employee(s), o	appointed/	elected official(s) may not	perfor	n any work on prot	essional service	
sister grandchil	al members, partne d, grandparent, rela ee(s), or appointed/	rs, owners or principals ated to a Clark County, delected official(s)?	have Depa	a spouse, regi artment of Aviat	stered dome ion, Clark C	estic partner, child, parent ounty Detention Center or	Ciain	County Water 1100	nalf-brother/half- lamation District	
Yes	Lyb.	18 TOWNS 24 BY 18 18 18 18 18 18 18 18 18 18 18 18 18	20119	— নহনু রাজন <u>ক্রমণে</u> ক	with the spinish of	on Page 2. If no, please	F. 50,	45	.10-2.14	
I certify under penalty land-use approvals, or	of perjury, that all contract approvals, la	of the information provide and sales, leases or excl	ed he hang	rein is current, es without the c	complete, a ompleted d	nd accurate. I also unders sclosure form.	tand th	at the Board will no	ot take action on	
GWW	V		-	GRACE Print Name	Wic	UAMS				
Asmini	STRATOR			5 Date	8/20	25		24		
Title			_							

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT		
NONE					
, , , , , , , , , , , , , , , , , , , ,					
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	ationship by marriage. candidate's first and second n – Parents – In-laws (first de			
For County Use Only:					
If any Disclosure of Relationship is r	noted above, please complete the follo	owing:			
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	be of the contract?		
Notes/Comments:					
Signature					
Print Name Authorized Department Representa	tive				

	pe (Please select	leno									
T Solo	Partnership	Limited Liability	Corporation	Corporation Trust Non-Profit Organization Other							
Business Designa	tion Group (Pleas	e select all that apply)			1					
МВE	□wse	SBE	□PBE		□ VET	DVET	□ESB				
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business				
Number of Cla	Number of Clark County Nevada Residents Employed: 30										
Corporate/Business Entity Name: AT Home Sdu hal											
(Include d.b.a., If applicable) AS Home Sk. Salehom											
Street Address:	FE	286 €	HEKBUE	NE W	ebsite: WW. 🏴	yash unes	lutian com				
City, State and Zip	Code:	Hendeson	,	A PC	oc Name: Tiff	e myalh.	me Polition				
Telephone No:		202 94	34845	Fa		94 24 845					
	at Addrass:	1			ebsite:						
Nevada Local Stre											
City, State and Zig				Lo	cal Fax No:						
City, State and Zij	, code.				Local POC Name:						
Local Telephone N	lo:			En	nail:						
ownership or financia	al Interest. The disci	osure requirement, as ap	plied to land-use ap werned by Title 7 of	plications, ext the Nevada I ted partnershi	tends to the applicant an Revised Statutes, includi	ing but not limited to privocrations.	ate corporations,				
GE Ma	Full Name	-	ples	rden	(c)	(Not required for Pu	% Owned to required for Publicly Traded to required for Publicly Traded to require for the requirement of th				
	V										
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 1. 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)? 1. Yes 1. Yes 1. (If yes, please note that County employee(s), or appointed/elected official(s)? 2. (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.)											
Are any individed Center or Clark	ual members, partner County Water Rec	ers, owners or principals lamation District full-time ves. please note that Co	, involved in the busi employee(s), or appointly employee(s), or	iness entity, a pointed/electe or appointed/e	Clark County, Department of official(s)?	ent of Aviation, Clark Cou					
Are any individual Center or Clark Yes Do any individual sister, grandch	ual members, partnic County Water Rec No (If county all members, partniild, grandparent, reyee(s) or appointed	ers, owners or principals lamation District full-time yes, please note that Co ntracts, or other contract ers, owners or principals lated to a Clark County.	involved in the busi employee(s), or appounty employee(s), o ts, which are not sub- have a spouse, reg Department of Avia	iness entity, a pointed/electe or appointed/e oject to compe distered domes tion, Clark Co	Clark County, Department of official(s)? lected official(s) may not elitive bid.) stic partner, child, parent out the partner of the parent of	ent of Aviation, Clark Cou perform any work on pro t, in-law or brother/sister, r Clark County Water Re	ofessional service				
Are any individence of Center or Clark Yes Do any individence of full-time employ Yes Locatiful under penalty	ual members, partnic County Water Rec No (If county Water Rec ual members, partnicid, grandparent, re yee(s) or appointed No (If	ers, owners or principals lamation District full-time yes, please note that Contracts, or other contracters, owners or principals lated to a Clark County, //elected official(s)?	involved in the busi employee(s), or appounty employee(s), or is, which are not sub- have a spouse, reg Department of Avia e Disclosure of Rela- ed herein is current, changes without the	iness entity, a pointed/electe or appointed/elect or appointed/e olect to compe ilstered dome: tion, Clark Coutionship form complete, an completed dis	Clark County, Department of official(s)? lected official(s) may not elitive bid.) stic partner, child, parent unity Detention Center of on Page 2. If no, please and accurate. I also undersiciosure form.	ent of Aviation, Clark Country of Aviation, Clark Country Water Report of the Print N/A on Page 2.)	ofessional service half-brother/half- clamation District				
Are any individence of Center or Clark Yes Do any individence of full-time employ Yes Locatiful under penalty	ual members, partnic County Water Rec No (If county Water Rec ual members, partnicid, grandparent, re yee(s) or appointed No (If	ers, owners or principals lamation District full-time yes, please note that Contracts, or other contracters, owners or principals lated to a Clark County, relected official(s)? yes, please complete the other contracters.	involved in the busi employee(s), or appounty employee(s), or is, which are not sub- have a spouse, reg Department of Avia e Disclosure of Rela- ed herein is current, changes without the	iness entity, a pointed/electe or appointed/elect or appointed/e olect to compe ilstered dome: tion, Clark Coutionship form complete, an completed dis	Clark County, Department of official(s)? lected official(s) may not etitive bid.) stic partner, child, parent on the partner of the partner of the partner of the parent	ent of Aviation, Clark Country of Aviation, Clark Country Water Report of the Print N/A on Page 2.)	ofessional service half-brother/half- clamation District				

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
A)			1
NA			

- 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
Williams Debarmon Lobiosomen.

^{*} 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.

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

			0010	0011	_ 0. 0111	11111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Business Entity Ty	pe (Please select	one)							Υ		
Sole Proprietorship	Partnersh!p	Com	imited Lia	ability	Corporation	Trust	Non-Profit Organization		Other		
Business Designati	Ion Group (Pleas	e sele	ct all tha	t apply)						·	
MBE	□WBE	De De Pee			VET	□	DVET	ESB			
Minority Business Enterprise	Women-Owned Business Enterprise		Small Bu Enterpris		Physically Ch Business Ent		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
Number of Cla	rk County Ne	evada	a Resid	dents	Employed:	57					
Corporate/Business	s Entity Name:	C	cvs Homecare Inc								
(Include d.b.a., if ap	plicable)										
Street Address:		125	5 N	1 ar	nb blv	d v	Vebsite:	•	_		
City, State and Zip (ire i	50	5, NV 80	1110	enail: A Mad	ronda Ida . R	Roducez	vez e	
Telephone No:		170			0100	F	ax No:	gase	nionres	ource.co	
Nevada Local Street		5	am	e	as		Vebsite:				
(If different from abo			ava	SVC			ocal Fax No:			-	
City, State and Zip	Code.						ocal POC Name:				
Local Telephone No	:						imali:				
Entitles include all bus close corporations, fore	siness associations eign corporations, il Full Name	organi mited li	ized unde lability cor	r or gove npanies,	med by Title 7 of partnerships, limit	the Nevada ed partnersh Title	Revised Statutes, in hips, and professional	l corporatior	ns. % Owned	I	
Alfred	o Nava	arro owner.					(Not required for Publicly Traded Corporations/Non-profit organizations)				
This section is not rec	quired for publicly	-trade	d corpora	itions. A	re you a publicly	-traded cor	poration?	Yes 🔯	Ø _o		
	ounty Water Reclai	mation	District fu	ll-time en	nployee(s), or app	ointed/electe					
	cont	tracts, c	or other co	ontracts,	which are not subj	ect to comp	•				
sister, grandchild,	members, partners, grandparent, rela e(s), or appointed/e	ted to a	a Clark Co	ounty, De	ve a spouse, regis partment of Avlati	stered dome on, Clark Co	stic partner, child, pa ounty Detention Cent	irent, in-law er or Clark (or brother/sister, h County Water Reci	alf-brother/half- amation District	
Yes	JAIo (If ye	es, plea	se compl	ete the D	isclosure of Relati	onship form	on Page 2. If no, ple	ase print N	A on Page 2.)		
certify under penalty o and-use approvals, cor					nges without the co	ompleted dis	sclosure form.		at the Board will no	t take action on	
Signature	// 			-	Print Name	do 1	UNVAIRE				
Signature				_	05/0	18/2	Uavarro 5				
Title					Date						

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT		
	NIA				
"To the second degree of con • Spouse – Registered	ship by blood. "Affinity" is a re sanguinity" applies to the cand I Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	didate's first and second degron n – Parents – In-laws (first de			
For County Use Only:					
	oted above, please complete the following				
	oloyee(s) noted above involved in the				
Yes No Is the County emp	oloyee(s) noted above involved in any	way with the business in performan	ce of the contract?		
Notes/Comments:					
Signature					
Print Name Authorized Department Representat	ive				

Buois	sono Entito	T	e /Blassa salast	anal		-								
So			e (Please select		Imited Liability					Non-Profit		F77 0.11		
	ietorship	Ш	Partnership	Con	npany	LI	Corporation	Trus	st	Organization		Other		
Busin	ness Desig	nati	on Group (Please	e sele	ct all that apply)					P			
☑ ME	BE		WBE	_	✓ SBE	PBE			1	VET		OVET	☑ ESB	
Minor Enter	ity Busines prise	s	Women-Owned Business Enterprise		Small Business Enterprise	ss Physically Challenged Business Enterprise				Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Num	nber of (Clai	k County Ne	vad	a Residents	Em	ployed:				4			
Corpo	orate/Busi	1088	Entity Name:	Dout	Double Dose Serenity Care									
	de d.b.a., i		- 2 (67)											
					E Carson Ave				Web	site:				
City, State and Zip Code:				Las '	Vegas, NV 8914	8			POC Ema	Name:				
Telen	hone No:	_		725-	333-8591					No:725-272-2953		***************************************		
	da Local S	Irosi	Addross							site: www.doubledo	sesere	enitycare.com		
	ferent from								1100	oite.				
	State and								Loca	al Fax No:				
		-		705	202 2522				Loca	al POC Name: Jones	ha Bo	oth		
Local	Telephon	e No	:	725-	333-8592				Ema	info@doubledonecaranity.cara.com				
close	corporations	, fore	iiness associations ign corporations, li Full Name	orgar mited	liability companies	governed by Title 7 of the Nevada Revised Statute ies, partnerships, limited partnerships, and professi Title			, and professional corp	## Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
	na Booth na Booth	_		_		Owner				50				
JOHOSH	ia Bootii					Owner				50				
1.	Are any indiv Center or Cla	/idua	ounty Water Recla	s, owi	ners or principals, in District full-time e	involv emplo	ed in the busin yee(s), or appo	ess entity ointed/ele	, a Cl	ark County, Departme				
L	Yes		con	tracts,	or other contracts	, whic	ch are not subje	ect to com	petitiv					
S	ister, grand	child	, grandparent, rela e(s), or appointed/e	ited to elected	a Clark County, D d official(s)?	Depart	tment of Aviation	on, Clark	Count	partner, child, parent ty Detention Center of	Clark (County Water Rec	amation District	
	Yes		No (If y	es, ple	ease complete the	Disclo	osure of Relation	onship for	m on	Page 2. If no, please	print N/	A on Page 2.)		
I certify land-us	y under pena se approvals	alty o	of perjury, that all of ntract approvals, la	the ir	nformation provided es, leases or excha	d here anges	ein is current, o without the co	complete, ompleted	and a disclo	iccurate. I also unders sure form.	tand tha	it the Board will no	t take action on	
Signatule)					-	Jonosha Booth Print Name								
Owner Title						01/30/2025 Date								

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
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a releasensanguinity" applies to the of Domestic Partners - Children alf-Brothers/Half-Sisters - Gran	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as ree)
For County Use Only: If any Disclosure of Relationship is n	noted above, please complete the folio	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represental	tive		

Sole Partnership Limited Lim
Proprietorship Parinership Liability Company Proprietorship Parinership Liability Company Proprietorship Parinership Liability Company Proprietorship Proprietorship Parinership Liability Company Proprietorship Parinership Pa
Minority Business Enterprise Women-Owned Business Enterprise Number of Clark County Nevada Residents Employed: Corporate/Business Entity Name: (Include d.b.a., if applicable) Street Address: City, State and Zip Code: Nevada Local Street Address: City, State and Zip Code: City City, State and Zip Code: City City Challenged Coare City Chall
Minority Business Enterprise Women-Owned Business Enterprise Small Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Physically Challenged Business Physically Challenged Business Disabled Veteran Owned Business Emergia Business Number of Clark County Nevada Residents Employed: Corporate/Business Entity Name: (Include d.b.a., if applicable) Street Address: City, State and Zip Code: 125 N Lumb Suite Poc Name: Amanda Rodriguez Email: Amanda Rodriguez Email: Amanda Rodriguez Fax No: Vidasenior resource Website: Website: Telephone No: Nevada Local Street Address: (If different from above) City, State and Zip Code: City, State and Zip Code: Local Fax No:
Number of Clark County Nevada Residents Employed: 119 Corporate/Business Entity Name: Elsq Home care Inc. (Include d.b.a., if applicable) Street Address: City, State and Zip Code: 125 N Lamb Suite Telephone No: Poc Name: Amanda Rodriguez Email: Amanda Rodriguez Ema
Corporate/Business Entity Name: EISQ Home Care Inc. (Include d.b.a., if applicable) Street Address: City, State and Zip Code: Telephone No: Nevada Local Street Address: (If different from above) City, State and Zip Code: City, State and Zip Code: City, State and Zip Code: Local Fax No: Local Fax No: Local Fax No:
Corporate/Business Entity Name: EISQ Home Care Inc (Include d.b.a., if applicable) Street Address: City, State and Zip Code: Telephone No: Nevada Local Street Address: (If different from above) City, State and Zip Code: Local Fax No: Local Fax No:
(Include d.b.a., if applicable) Street Address: City, State and Zip Code: Telephone No: Nevada Local Street Address: (If different from above) City, State and Zip Code: City, State and Zip Code: City, State and Zip Code: Website: Website: POC Name: Amanda Rodriguez © Fax No: Vidasenior resource. Website: Website:
Street Address: City, State and Zip Code: 125 N Lamb Suite POC Name: Amanda Rodrigue 2 130 Lasvegas Nv 89110 Email: Amanda Rodrigue 2 Email: Ama
City, State and Zip Code: 125 N Lamb Suite Poc Name: Amanda Rodrigue 2 130 Lasvegas Nv 89110 Email: Amanda Rodrigue 2 E
City, State and Zip Code: 130 LQSVEQQS NV 89110 Email: Amondo Rodriguez © Fax No: Vidasen torresource. Website: (If different from above) City, State and Zip Code: City, State and Zip Code: Local Fax No:
Telephone No: Nevada Local Street Address: (If different from above) City, State and Zip Code: Fax No: Vidasentoyresource. Website: Local Fax No:
(If different from above) City, State and Zip Code: Local Fax No:
City, State and Zip Code: Local Fax No:
Oil), date and any court
Local POC Name:
Local Telephone No:
Email:
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. % Owned Full Name Title (Not required for Publicly Trad
Corporations/Non-profit organizat
Alfredo Mavarro Owner, President 100%.
Atmedo Navarro OWNER, Presidenti 1667.
THINK TO MICHALLO
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No No Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Determined County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No No Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County 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 professervice contracts, or other contracts, which are not subject to competitive bid.)
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Dete 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 profes service contracts, or other contracts, which are not subject to competitive bid.) 2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brothe sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation Default-time employee(s), or appointed/elected official(s)?
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Dete 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 profes service contracts, or other contracts, which are not subject to competitive bid.) 2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brothe sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation Description Center or Clark County Water Reclamatio
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detector 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 professor service contracts, or other contracts, which are not subject to competitive bid.) 2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-taw or brother/sister, half-brother sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation Equil-time employee(s), or appointed/elected official(s)?

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

Print Name 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
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	11101		
* County employee means Cla Reclamation District.	ark County, Department of Avi	ation, Clark County Detention	Center or Clark County Water
"Consanguinity" is a relationsh	nip by blood. "Affinity" is a rela	ationship by marriage.	
"To the second degree of cons	anguinity" applies to the cand	idate's first and second degre	e of blood relatives as follows:
Spouse – Registered	Domestic Partners – Children	– Parents – In-laws (first de	gree)
	f-Brothers/Half-Sisters – Grar		
			m lawo (sossina augreo)
For County Use Only:			
If any Disclosure of Relationship is no	ted above, please complete the folion	wing:	
☐ Yes ☐ No Is the County emplo	oyee(s) noted above involved in the o	ontracting/selection process for this	particular agenda item?
☐ Yes ☐ No Is the County emplo	oyee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			

Business Entity								
	Type (Please sele	ect one	1					
Sole Proprietorship	Partnership	Con	Limited Liability	Corporation	Trust	Non-Profit Organization	Other	
Business Desig	nation Group (Ple	ase sel	ect all that apply)				-,	
MBE	[9WBE		[□sBE	PBE		□ VET	DVET	☐ ESB
Minority Business Enterprise	Women-Owner Business Enterprise	ed	Small Business Enterprise	Physically C Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of C	Clark County I	Nevad	ia Residents I	Employed:	2	15		
Corporate/Busin	ess Entity Name:	5	chmidt	LLC				
(Include d.b.a., it	applicable)	1	lood San	naritan	PCA			
Street Address:	,	45		orleshon	blvd w	ebsite: WWW	good-sama	ritan-pca. c
City, State and Z	îp Code:	La	s Vegas 7	nv 891	102 PC	oc Name: Anc	good-sama Saileth Q goodsam	arilan Pca
Telephone No:	The production	Fi	2.331.	4161	Fa	x No: 702 · 3	331-3881	0
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nancial interest in sublicity-traded er whership or financial fitties include all lose corporations,	the business entity a stilles and non-protein interest. The disc business association foreign corporations. Full Name Calle H	offt organism of the organism of the organism or	g before the Board. Inizations shall ils iquirement, as applie iized under or goven liability companies, p	t all Corporate to lo land-use app ned by Title 7 of artherships, limit A	Officers and pilcations, extended corporate and pil	Directors in lieu of cends to the applicant and evised Statutes, including, and professional corp. WMP water and professional corp.	disclosing the names of d the landowner(s). Ing but not limited to prival protections. When the Corporations of the Corporat	Individuals with te corporations, lidy Traded organizations)
ublicly-traded er whership or financ ntities include all ose corporations,	the business entity a control of the business and non-profined interest. The disc business association foreign corporations. Full Name Could business partners business association for public business association for public business partners business partners business partners business and business as a second business business are business as a second business a	ofit organismost o	g before the Board. Inizations shall ils iquirement, as applie ized under or goven liability companies, p d corporations. Ar ers or principals, inv. District full-time em	t all Corporate to land-use appoint to land-use appoint to land-use appoint to land to	Officers and pilcations, extended corporates entity, a Cointed/elected	Directors in lieu of cends to the applicant and evised Statutes, including, and professional corp. WMP wration? Yes Clark County, Department official(s)?	disclosing the names of d the landowner(s). Ing but not limited to prival protections. % Owned (Not required for Putic Corporations/Non-profit (Not Profit (Not	Individuals with te corporations, filidy Traded organizations)
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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
н/д			
		_	
			1
	nip by blood. "Affinity" is a rela		degree of blood relatives as
	Domestic Partners – Children	– Parents – In-laws (first degi	ree)
Brothers/Sisters – Hall	f-Brothers/Half-Sisters - Grand	dchildren – Grandparents – Ir	n-laws (second degree)
For County Use Only:			
f any Disclosure of Relationship is no	led above, please complete the follow	ing:	
	yee(s) noted above involved in the co	-	•
Yes No Is the County emplo	yee(s) noted above involved in any wa	ay with the business in performance	of the contract?
votes/Comments.			
Signature			
Print Name Authorized Department Representative			

DISCLOSURE OF OWNERSHIP/PRINCIPALS Business Entity Type (Please select one) Sole Limited trability Company Non-Profit Organization Paytnership Corporation Trust Proprietorship Other Business Designation Group (Please select all that apply) 7 MB6 / SBE WBE PBE **□**VET DOVET □ ES8 Mirronly Business Woman-Owned Small Business Physically Challenged Veteran Owned Disabled Veteran Emerging Small Emerorise Rusinage Enterpriso Dusiness Enterprise Busness Owned Business Business Enterprise Number of Clark County Nevada Residents Employed: 23 Graceful Touch, LLC Corporato/Business Entity Name: (Include d.b.e., if applicable) 800 N. Rainbow BLVD Ste. 28 Street Address: Website: Gracefultouch-Micom Las Vegas, NV, 89107 POC Name: Charles Michell City, State and Zip Code: bigmitch33@acc.com Telephone No: 702-293-3888 Fax No: 702-293-3664 Nevada Local Street Address: Website: (if diliterent from above) City, State and Zip Code: Local Fax No: Local POC Name: Local Telephone No. Email: All entities, with the exception of publicly-raded and non-profe organizations, must list the names of individuals holding more than two percent (5%) ownership or financial interest in the business unitry appearing before the Scard. Publicly-traded entities and non-profit organizations shall tel all Corporate Officers and Directors in teu of disclosing the names of includuals with ownership or financial interest. The disclosure requirement, as applied to land use applications, extends to the applicant and the landowner(s) Entities include all business associations organized where or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations. cities corporations, foreign corporations, limited kaptity companies, partnerships, timited paraterships, and professional corporations. Full Name 55 Owned Trem (Not required for Publicly Traded Corporations/Non-profit organizations) Charles Mitchell Owner/Administrator 100% This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes Are any introduction members, partners, contents or processis, involved in the business entity, a Clark County, Department of Awation, Clark County Distersion Center or Clark County Water Reclamation District but-time employadas), or appointed/elected official(x17) (if yes, please now that County employee(s), or appointed elected official(s) may not perform any work on professional service Yes pontracts, or other contracts, which are not subject to competitive bid.) Do any individual members, partners, demans or porropers have a spouse, registered domestic partner, child parent, in-less or porroter/sister half-indihenhalf-sister, grandphild, grandparent, related to a Clark County Department of Awaiton, Clark County Beterston Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected chickl(s)? (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print WA on Page 2.) Yes I certify upday penalty of penury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take extent on

Signature

Owner/Admin Tise

landuse supposes, contract approvals, land sales, leases or exchanges without the completed disclosure form Charles Mitchell Frnt Name 05/08/2025

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

Prof. Name

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' DEPARTMENT
N/A			1
W.			
Water Reclamation District Consenguinity* is a relationshi To the second degree of corollows:		ionship by marriage.	
 Spouse - Registered D 	omestic Partners - Children -	- Parents – In-laws (first degre	re)
 Brothers/Sisters – Half- 	Brothers/Half-Sisters Grand	children – Grandparents – In-	laws (second degree)
or County Use Only:			
arry Disclosure of Relationship is note	d above, prease complete the followin	ıg.	
Yes No is the County employe	ec(s) noted above involved in the con	fracting/selection process for this par	licular agenda item?
Yes No is the County employs test Comments:	re(s) noted above involved in any way	with the business in performance of	the contract?
palure			

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Business Entity	Туре	(Please select	one)									
Sole Proprietorship	Pa	artnership		Limited Liability mpany		Corporation	Trust		Non-Profit Organization		Other	
Business Desig	natio	Group (Please	sele	ect all that apply)			_		-		
✓ MBE		✓WBE		SBE		PBE		<u> </u>	VET		DVET	ESB
Minority Business Enterprise		Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			eteran Owned usiness		sabled Veteran vned Business	Emerging Small Business
Number of (Clark	County Ne	vac	la Residents	E	mployed:				64		
Corporate/Busin	ness (Entity Name:	Hea	rts of Passion H	om	e Care						
(Include d.b.a., i	fapp	licable)										
Street Address:			725	1 W Lake Mead	Ste	300		Webs				
City, State and 2	Zip Co	ode:	Las	Vegas, NV 8912	28		- 1	POC Emai	Name: Joel Leshe I: heartsofpa		omecare@gmail	com
Telephone No:			(702	2) 227-5069				Fax N	No: 702 - 977 - 59	75		
Nevada Local S	treet	Address:						Webs				
(If different from	abo	/e)										
City, State and	Zip C	ode:			_			Loca	l Fax No:			
Local Telephon	- M							Loca	I POC Name:			
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close corporations	s, forei	gn corporations, l	limite	d liability companie	es, p	artnerships, iimi nder and CEO	Title	snips,	vised Statutes, inclu and professional co	, po. a	% Owne Not required for Pu porations/Non-prof	d blicly Traded
VIIIA DAVIO												
4 A	امينامانيما	mambare partne	re o	ded corporations. wners or principals ion District full-time	inv	olved in the bus	iness entity	y, a Cl	ark County, Departn	-	✓ No Aviation, Clark Cou	nty Detention
Yes		No /If	voe i	please note that Co ts, or other contrac	sunt	v emplovee(s), o	or appointe	d/elec	ted official(s) may n	ot perfo	rm any work on pro	fessional service
sister gran	dchild.	grandparent, re s(s), or appointed)	lated /elect	to a Clark County, ed official(s)?	De	раптен от Ама	illon, Clark	Coun	partner, child, pare ty Detention Center	o, o.a.		half-brother/half- clamation District
Yes									Page 2. If no, pleas			est take action on
I certify under pe land-use approva	nalty o	f perjury, that all o ntract approvals, I	of the and s	information provid ales, leases or exc	led I char	herein is current nges without the	, complete, completed	, and a disclo	accurate. I also unde sure form.	erstand	tnat the Board will r	ioi take action on
Nina Da	vis					Nina Davis						
Signature						Print Name						
CEO & Founder						2/26/2025						
Title	_					Date						
TIUC												

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

Print Name 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
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Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
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Business Entit	уТу	e (Please selec		4				_	1_			
Sole Proprietorship		Partnership	Lia	Omited bility Company] Corporation	☐ Tru	st	☐ Non-Profit Organization		☐ Other	
Business Desi	gnati	on Group (Pleas	se se		y)			-		T	Invest	Пер
MBE		☐ WBE		BE		PBE		-	□ VET		DVET	ESB
Minority Busines Enterprise	SS	Women-Owned Business Enterprise	ı	Small Business Enterprise		Physically Cl Business En		3	Veteran Owned Business		sabled Veteran wned Business	Emerging Small Business
Number of	Cla	rk County N	eva	da Resident	s E	Employed:	194					
Corporate/Bus	ines	Entity Name:	+1	igncla	<u>S</u>	s Pe	SOY	10	il care	1	L C	
(Include d.b.a.,	if ap	plicable)	2	MAL 6		unen b	1 0		. l 18	-		
Street Address	:		1	11+e)) (snes b	N VOI	We	ebsite: OC Name: RICOV	d	o Amad	01
City, State and	Zip	Code:		asvege	25	5, NV 80	1144	En	nail:Ricardo	A.	madore	
Telephone No:			(7	02 733	- 7	2890		Fa	x No: V	<u>10</u>	asenior	resource i
Nevada Local S			5	ame a	S	above		We	ebsite:			
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Are any inc Center or C	lividu Clark	County Water Red	clamat	tion District full-tim	8 8	mpioyee(s), or a	thboursen	10100	a Clark County, Depart ted official(s)?			
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I certify under pe on land-use app	nalty	of perjury, that all , contract approve	of the als, lar	information provi nd sales, leases o	ded r ex	herein is currer changes withou	nt, comple t the com	ete, a plete	and accurate. I also unded disclosure form,	ersta	nd that the Board wi	III not take action
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Signature	0	5				/ IIIV IABING	Z	<u></u> 5-	9-202	5		
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
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	1		

^{*} 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)

Far 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:	

Print Name
Authorized Department Representative

Signature

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

Sole r	Partnership	E Limited Liability	Corporation	Trust	Non-Profit Organization	TO ther	
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City, State and Zip	Code:	Henderson NV 890	52	P	OC Name: Shanise G	irissett illoydshomecareserv	**
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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
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* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County
"Consanguinity" is a relation:	ship by blood. "Affinity" is a rel	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
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Notes/Comments:			
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Business Entity Ty	pe (Please selec	t one)						
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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
100			

"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)

or County Use Only:
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?
lotes/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.

Business Entity Type	e (Please select	one)							1	
Sole Proprietorship	Partnership	∑ Lim Compa	ted Liability ny		Corporation	Trust	Non-Profit Organization		Other	
Business Designation	n Group (Pleas	e select	all that apply)			T			
МВЕ	⊠ WBE		SBE	_	PBE		VET		DVET	⊠ ESB
Minority Business Enterprise	Women-Owned Business Enterprise		nall Business iterprise		Physically Ch Business Ente		Veteran Owned Business		isabled Veteran wned Business	Emerging Small Business
Number of Clar	k County No	evada	Residents	Eı	mployed:	9				
Corporate/Business	Entity Name:	SSM	Health LLC	;						
(Include d.b.a., if app										
Street Address:		4775	S. Durang	o D	r. Suite 10	3 1	Website: www.ssm	health	services.com	
Oli col / Idai oco i							POC Name:			
City, State and Zip C	ode:	Las \	∕egas, N\	/ 8	9147		Email: alicia@ssmhe	althser	vices.com	
Telephone No:		702-4	47-0531				Fax No:		66-30.10.1022331.11	
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Nevada Local Street							rvepalle.			
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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			
Water Reclamation District. "Consanguinity" is a relations	ship by blood. "Affinity" is a rel	ationship by marriage.	ention Center or Clark County
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childrei	n – Parents – In-laws (first de	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
	noted above, please complete the follo		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performant	ce of the contract?
Notes/Comments:			
Signature			
District			
Print Name Authorized Department Representa	ative		

Minority Business Women-Owned Small Business Physically Challenged Veteran Owned Disabled Veteran Em	
Proprietorship Liability Company Compa	
MBE WBE SBE PBE VET DVET □ Minority Business Enterprise Women-Owned Business Small Business Enterprise Physically Challenged Business Enterprise Veteran Owned Business Disabled Veteran Owned Business Embusiness	
Minority Business Enterprise Women-Owned Business Enterprise Women-Owned Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Owned Business Disabled Veteran Owned Business Business	ESB
	merging Small usiness
Number of Clark County Nevada Residents Employed:	
Corporate/Business Entity Name: Suzy's Care LCC	
(Include d.b.a., if applicable)	
Street Address: 3824 S. Jones Blvd Website: Suzyscare: com	
City, State and Zip Gode: STE F LUS V Lyas NV 89103 Email: SUZYS PCA @ GMAI), WM)
Telephone No: (702) 272-3162 Fex No: (702) 848-5397	
Nevada Local Street Address: Website:	
(If different from above)	
City, State and Zip Code: Local Fax No:	
Local Telephone No;	
close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.	
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Full Name Title (Not required for Publicity Toporations/Non-profit organ CEO / Advivin This section is not required for publicity-traded corporations. Are you a publicity-traded corporation? The any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County 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 proservice contracts, or other contracts, which are not subject to competitive bid.) 2. Do any Individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, In-law or brother/sister, half-browletter, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation full-time employee(s), or appointed/elected official(s)?	y Detention rofessional
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List any disclosures below: (Mark N/A, if not applicable.)

Print Name 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
NIA	N/A	NA	N/A
	ship by blood. "Affinity" is a reasonguinity" applies to the can		ee of blood relatives as follow
Spouse – Registered	i Domestic Partners – Childre	n – Parents – In-laws (first de	egree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
or County Use Only:			
-	noted above, please complete the follower		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in an	y way with the business in performar	nce of the contract?
otes/Comments:			
gnature			