DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type (Please se	lect one)			.,.			
☐ Sole Proprietorship	□Partnership	☐ Limited Liability Company		☐ Trust	☐ Non-Profit Organization	☐ Other		
Business Desig	nation Group (Pl	ease select all that app	ly)					
☐ MBE	▼ WBE	☐ SBE	☐ PBE		□ VET	□DVET	☐ ESB	
Minority Business Women-Owned Business Enterprise		ned Small Business Enterprise	Small Business Physically Challeng Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed: 0 as of July 2023								
Corporate/Busin	Corporate/Business Entity Name:		Kim Lundgren Associates, Inc.					
(Include d.b.a., i	f applicable)							
Street Address:		10 Post Office Squa	10 Post Office Square, 8th Floor		Website: www.kimlundgrenassociates.com			
City, State and 2	City, State and Zip Code:		Boston, MA 02109		POC Name: Kim Lundgren Email: Kim@kimlundgrenassociates.com			
Telephone No:		617.820.8038	617.820.8038		Fax No: N/A			
	Nevada Local Street Address:				Website:			
(If different from		N/A		"	ebaile.			
City, State and				1.0	Local Fax No:			
ong out and any out			Local POC Name:					
Local Telephone	e No:				Email:			
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 under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.								
Full Name			Title			(Not required for Pu	% Owned (Not required for Publicly Traded orporations/Non-profit organizations)	
Kim Lundgren Bar	rows		CEO/President		100%			
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 Detention								
Are any indi	vidual members, pa	rtners, owners or principal	s, involved in the bu	siness entity	, a Clark County, Departr	_	ounty Detention	
Are any indi	vidual members, pa	·	s, involved in the bu e employee(s), or ap County employee(s	siness entity ppointed/election	, a Clark County, Departroted official(s)?	nent of Aviation, Clark C	,	
 Are any indir Center or Cl Yes Do any indiv sister, grand 	vidual members, pa ark County Water F No idual members, par child, grandparent,	rtners, owners or principal Reclamation District full-tim (If yes, please note that	s, involved in the bu e employee(s), or al County employee(s r contracts, which ar have a spouse, regi	siness entity ppointed/elec), or appoint e not subject stered domes	, a Clark County, Departr cted official(s)? ed/elected official(s) may t to competitive bid.) stic partner, child, parent,	ment of Aviation, Clark C not perform any work in-law or brother/sister, h	on professional	
 Are any indir Center or Cl Yes Do any indiv sister, grand 	vidual members, pa ark County Water F No idual members, par child, grandparent,	rtners, owners or principal Reclamation District full-tim (If yes, please note that service contracts, or othe tners, owners or principals related to a Clark County,	s, involved in the bu e employee(s), or ap County employee(s' r contracts, which ar have a spouse, regi Department of Aviat	siness entity popointed/election (), or appointed entire not subject stered domestion, Clark Co	, a Clark County, Departrected official(s)? ed/elected official(s) may t to competitive bid.) stic partner, child, parent, bunty Detention Center or	nent of Aviation, Clark C not perform any work in-law or brother/sister, h Clark County Water Rec	on professional	
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REVISED 2/25/2014

DISCLOSURE OF RELATIONSHIP

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

Print Name Authorized Department Representative

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S					
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT					
N/A								
		-						
 * County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage. "To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows: 								
_								
 Spouse – Registered 	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 em	☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?							
Notes/Comments:								
Signature								

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