## DISCLOSURE OF OWNERSHIP/PRINCIPALS

		-		_							
Business Entity	Type (Please selec	t one)					El Nacional State	-			
Sole Proprietorship	□Partnership	Co	Limited Liability mpany	X	Corporation	☐ Trust	☐ Non-Profit Organization		☐ Other		
Business Desig	nation Group (Plea	se selec		-			- Durt		N/ET	☐ ESB	
JMBE □ WBE			SBE	-	☐ PBE		VET				
Minority Business Enterprise  Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Emerging Small Owned Business Business			
Number of (	Clark County N	levada	Residents E	mp	loyed:67						
Corporate/Business Entity Name:		SI	Sletten Construction of Nevada, Inc.								
nclude d.b.a.,	if applicable)										
Street Address:		60	600 South Las Vegas Blvd, # 700			00	Website: www.slettencompanies.com				
City, State and Zip Code:			Las Vegas, NV 89101				POC Name: Paul Robinson  Email: probinson@sletteninc.com				
Геlephone No:	al albana Na		2-739-8770				Fax No: 702-739-9932				
							Website:				
	treet Address:					- 1	Trobotto.				
(If different from above)							Local Fax No:				
City, State and Zip Code:							Local POC Name:				
Local Telephone No:							Email:				
corporations, fore	eign corporations, limit Full Name	ed liabilit	y companies, partne	ersnip	os, ilmiteo partife	Title	Revised Statutes, including t professional corporations.		% Owr	ed ublicly Traded	
			33.5 WH					Corporations/Non-profit organizations)			
Sletten Con Employee S	struction of Ne Stock Ownershi	vada, I p Plan	nc. is wholly-o . No individua	ls o	ed by Slette own stock in	n Inc. S Sletten	Sletten, Inc. wholly-ow Inc. or Sletten Cons	<u>rned</u> tructi	by the Sletter ion of Nevada	n, Inc. I, Inc.	
This section is	not required for pub	icly-trad	ed corporations. A	are y	ou a publicly-tra	aded corpo		( No			
Are any ind Clark Cour	nty Water Reclamation	District t	ull-time employee(s	), Or	appointed/electer	u official(a)	Clark County, Department of A				
☐ Yes	<b>/</b> \	or other o	contracts, which are	not s	subject to compet	titive bid.)	cted official(s) may not perfor				
grandchild	, grandparent, related ed/elected official(s)?	to a Clari	k County, Departmen	nt ot a	Aviation, Clark Co	Junty Deter	estic partner, child, parent, in tion Center or Clark County Wa			if-brother/haif-sister, ill-time employee(s),	
☐ Yes	<b>⋈</b> No	(If yes, p	lease complete the [	Discl	osure of Relation	ship form o	n Page 2. If no, please print N	I/A on	Page 2.)		
I certify under pos approvals contr	enalty of perjury, that act approvals, and sa	all of the	information provided es or exchanges with	d hei hout	the completed all	sciosure io	d accurate. I also understand m.	that the	e Board will not tak	e action on land-use	
Siggeture Siggeture				Print Name	binsor						
Vice President				04-18-20 Date	023						
Title					- A 100						

## **DISCLOSURE OF RELATIONSHIP**

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A
		*	
or Clark County W "Consanguinity" is	/ater Reclamation District. a relationship by blood. " gree of consanguinity" app	Affinity" is a relationship b	rk County Detention Center y marriage. and second degree of blood

- 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