Business Entity Type											
☐ Sole Proprietorship ☐ Partnership		☐ Limited Liability Company		□ Co	Corporation 🔼		□ Non- rust Profit Organiz			☐ Other	
Business Design	ation	Group				т					
☐ MBE	□ v	VBE	☐ SBE ☐ PBE		□ VET □ D\			VET ESB		SB	
Minority Business Enterprise	Wom Enter	en-Owned Busines prise	Small Business Enterprise	Physically Challenged Business Enterprise		Business Vet		Disabled Emerging S Veteran Owned Business		rging Small ness	
Number of Clar	k Co	unty Nevada R	Residents Employed: 1100								
Corporate/Busin	ess E	ntity Name:	Mendenhall	Family Trus	t						
(Include d.b.a., if	appli	cable)	1122 0 0	D1 1	Т						
Street Address:			4420 S. Decatu			Website:		1.6	1 1	11	
City, State and Z	ip Co	de:	Las Vegas, NV	89103		POC Name: Ryan Mendenhall Email: ryan.mendenhall@lvpaving.com					
Telephone No:			702-251-5800			Fax No: 702-251-4891					
Nevada Local Street Address: (If different from above)						Website:					
City, State and Z	ip Co	de:				Local Fax No:					
Local Telephone	No:		Local POC Name Email:			e					
List of Owners	/Offic	cers:									
All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5% ownership or financial interest in the business entity appearing before the Board.											
Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individua with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner(s).						owner(s).					
"Entities" include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to priv corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. % Owned						orations.					
Full Name			Title			(Not r			lot required for Pu	required for Publicly Traded Corporations/Non- profit organizations)	
Paula C Mendenhall			Tr			rustee 100					
	This section is not required for publicly-traded corporations.										
 Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 											
☐ Yes	□ No	o (If ves. plea	se note that County e	mployee(s), or a	ppointed	/elected offic	ial(s) m	ay not p	erform any	work	on professional
		service con	tracts, or other contra	cts, which are no	ot subject	to competiti	ve bid.)				

19010 - FWRC SECONDARY TREATMENT EXPANSION PRELOADING

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4

Master Rev. 12/01/2020

br	Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?						
] Yes ☐ No (If ye	o (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.					
I certify take ac	I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.						
	11 NINA		Ryan Mendenhall				
Signa	ture		Print Name				
Di	rector		March 15, 2021				
Title Date							
	List any disclosures of (Mark N/A if not applicable)	relationships below:					
	NAME OF	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*			
	BUSINESS	EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S				
	OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL DEPARTMENT				

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

^{*} 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)

[&]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:

For County Use Only: If any Disclosures 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/Cor	nments:					
Signature						
	Print Name					

END OF DOCUMENT

Business Entity	Туре										
☐ Sole Proprietorship ☐ Partnership		☐ Limited Liability Company 🔲 С		⊠ Co	orporation		rust	☐ Non- t Profit Organization		☐ Other	
Business Design	ation	Group		T		T					
□ МВЕ	□ v	VBE	☐ SBE ☐ PBE			□ VET □			DVET ESB		SB
Minority Business Enterprise				Physically Challenged Business Enterprise		Business V		Vetera	Disabled Eme Veteran Owned Business		ging Small ness
Number of Cla	rk Co	unty Nevada R	esidents Employ	yed: 1100							
Corporate/Busin	ess E	ntity Name:	Las Vegas Pav	ring Corpora	ition						
(Include d.b.a., if	appli	cable)	1100 C D	D1 1			1				
Street Address:			4420 S. Decatu	ir Blvd.		Website:	D		aving.com		
City, State and Z	ip Co	de:	Las Vegas, Ne	vada 89103		POC Name: Ryan Mendenhall Email: ryan.mendenhall@lvpaving.com					ig.com
Telephone No:			702-251-5800			Fax No: 702-251-4891					
Nevada Local Street Address: (If different from above)			Website:								
City, State and Zip Code:						Local Fax No:					
Local Telephone No:						Local POC Email:	Name	e			
List of Owners	List of Owners/Officers:										
All entities, with ownership or finance	the exital inte	ception of publicly-trest in the business	raded and non-profit entity appearing befo	organizations, more the Board.	nust list t	ne names of	individu	ials hold	ling more th	nan five	e percent (5%)
Publicly-traded with ownership or fi	entitie nancia	es and non-profit o	rganizations shall li	st all Corporate applied to land-	Officers	and Director actions, exte	ors in lie	eu of dis he appli	closing the icant and th	names e land	of individuals owner(s).
with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, 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 privat corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. "Owned"						nited to private prations. ed					
Full Name			Title			profit organizations)				tions)	
Mendenhall Family Trust			Owner			100				00	
This section is no	t roqui	ired for publicly-tra	ided cornorations								
Are any individual	dual m	embers, partners, ov	wners or principals, ir mation District full-tim	nvolved in the bu	isiness ei or appoir	ntity, a Clark nted/elected	County official(s	, Univer s)?	sity Medica	I Cente	er, Department
☐ Yes ☐ No (If yes, pleas			se note that County e racts, or other contra	mployee(s), or a cts, which are no	ppointed ot subject	elected offic to competitive	ial(s) m /e bid.)	ay not p	erform any	work o	n professional

19010 - FWRC SECONDARY TREATMENT EXPANSION PRELOADING

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4

Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark County Water-Reclamation District full-time employee(s), or appointed/elected official(s)?							
Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.							
ction on land-use approvals, co	ntract approvals, land sales, lease	es or exchanges without the comp	curate. I also understand that the Boleted disclosure form.	oard will not			
1 MI MA		Ryan Mendenhall					
ture		Print Name					
		March 15, 2021					
	_	Date					
List any disclosures of (Mark N/A if not applicable)	relationships below:						
NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT				
֡	rother/half-sister, grandchild, gradeclamation District full-time employed with the component of the compone	rother/half-sister, grandchild, grandparent, related to a Clark Courteclamation District full-time employee(s), or appointed/elected of Yes No (If yes, please complete the Disclosury under penalty of perjury, that all of the information provided hection on land-use approvals, contract approvals, land sales, lease irrector List any disclosures of relationships below: (Mark N/A if not applicable) NAME OF BUSINESS NAME OF COUNTY* EMPLOYEE/OFFICIAL	rother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center lectamation District full-time employee(s), or appointed/elected official(s)? Yes No (If yes, please complete the Disclosure of Relationship form on Page 2 younder penalty of perjury, that all of the information provided herein is current, complete, and accition on land-use approvals, contract approvals, land sales, leases or exchanges without the complete in ture Ryan Mendenhall Print Name March 15, 2021	rother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark Coeclamation District full-time employee(s), or appointed/elected official(s)? Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2. Younder penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Biction on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Ryan Mendenhall Print Name March 15, 2021 Date List any disclosures of relationships below: (Mark N/A if not applicable) NAME OF NAME OF COUNTY* BUSINESS EMPLOYEE/OFFICIAL RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL'S			

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
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☐ Yes	☐ No	Is the County employee(s) noted above involved in any way with the business in performance of the contract?				
Notes/Con	nments:					
Signature						
	Print Name Authorized Department Representative					

END OF DOCUMENT

Master Rev. 12/01/2020