DISCLOSURE OF OWNERSHIP/PRINCIPALS

Busi	iness Entity Ty	pe (Please sele	ect one)							
□ S Prop	ole rietorship]Partnership	☐ Lin Liabili	nited ty Company	☐ Corporation	☐ Trust	✓ Non-Profit Organization		☐ Other—	
Busi	iness Designa	tion Group (Ple	ase selec	t all that apply	y)					ı
	1BE	☐ WBE] SBE	☐ PBE		☐ VET		OVET	□ESB
	Minority Business Enterprise Business Enterprise		-	mall Business interprise	Physically Cl Business En		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Nur	mber of Cla	ark County	Nevada	Resident	s Employed:	24				
Corr	orato/Rueinos	ss Entity Name:	. Rite	of Passage	Adolescent 1	reatmer	nt Centers and So	hools	Inc.	
	ude d.b.a., if a									
		pplicable	2560	2560 Business Parkway			vebsite: www.riteof	passa	ige.com	
	Street Address: City, State and Zip Code:			Minden, NV 89423			POC Name: Jennifer Stoops			
_			_				Fax No: (775) 392-2443			
Tele	phone No:		(113)	(775) 392-2659						
Neva	ada Local Stre	et Address:	Rite of Pas	Rite of Passage Adolescent Treatment Centers and Schools Inc.			Vebsite: www.riteo	fpass	sage.com	
1	fferent from al		000 5							
City	City, State and Zip Code:		BOO East	Charleston Bivo. L	as vegas, IV 69104		Local Fax No: (775) 392-2443			
	Local Telephone No:		(702)	(702) 463-6926 Alt. (702) 460-8286		206	Local POC Name: Makaya Swain Email: makaya.swain@rop.com			
All enfinance	cial interest in th icly-traded enti ership or financia	e business entity i ties and non-pr il interest. The dis	rappearing rofit organ sclosure re	before the Boar nizations shall quirement, as a	rd. list all Corporat e pplied to land-use a	Officers a	nes of individuals holding and Directors in lieu of extends to the applicant	disclosion and the	ng the names of landowner(s).	individuals with
All enfinance	cial interest in th icly-traded enti ership or financia	e business entity ities and non-pr il interest. The dis	rofit organ sclosure rec	nizations shall quirement, as a	rg. list all Corporate pplied to land-use a	Officers a applications	nd Directors in lieu of	disclosion and the ling but corporate	ng the names of landowner(s). not limited to privations. % Ownerot required for Pul	individuals with te corporations, d blicly Traded
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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			
	1		
"To the second degree of co • Spouse – Registere	ship by blood. "Affinity" is a rensanguinity" applies to the can d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	didate's first and second degr en – Parents – In-laws (first de	
For County Use Only:			
	noted above, please complete the fol		
	nployee(s) noted above involved in the		
☐ Yes ☐ No Is the County en	nployee(s) noted above involved in an	ny way with the business in performa	nce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	ative		



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RITE OF PASSAGE ADOLESCENT TREATMENT CENTERS AND SCHOOLS IS A NON-PROFIT ORGANIZATION; THEREFORE, THE BOARD HAS 0 (ZERO) PERCENT OF DIRECT AND/OR INDIRECT OWNERSHIP.

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