

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>					21	
<b>Corporate/Business Entity Name:</b>		Zayo Group				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		618 Grassmere Park		<b>Website:</b> <a href="https://www.zayo.com/">https://www.zayo.com/</a>		
<b>City, State and Zip Code:</b>		Nashville, TN 37211		<b>POC Name:</b>		
				<b>Email:</b> michael.mckerley@zayo.com		
<b>Telephone No:</b>		615-312-6067		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b> <i>(If different from above)</i>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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 individuals 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 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	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
No Zayo employee has ownership over 5%		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

- 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)?
   
 Yes  No *(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.)*
- 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, Department of Aviation, Clark County Detention Center 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.)*

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.

 _____ Signature	Michael McKerley _____ Print Name
SVP, Managed Services _____ Title	June 5, 2025 _____ Date

## 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
NA	NA	NA	NA

\* 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 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

Michael McKerley, SVP Managed Services

Print Name

Authorized Department Representative

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> 5						
<b>Corporate/Business Entity Name:</b>			Google Fiber Nevada, LLC			
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		1600 Amphitheatre Parkway		<b>Website:</b> fiber.google.com		
<b>City, State and Zip Code:</b>		Mountain View, California 94043		<b>POC Name:</b> Ariane Schaffer		
				<b>Email:</b> arianeschaffer@google.com		
<b>Telephone No:</b>		(866) 777-7550		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		6543 S Las Vegas Blvd		<b>Website:</b> fiber.google.com		
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89119		<b>Local Fax No:</b> (512) 558-7577		
<b>Local Telephone No:</b>		2125656725		<b>Local POC Name:</b> Will Novak		
				<b>Email:</b> willnovak@google.com		

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 individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

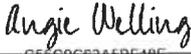
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
No individual owns or has financial interest more than 5%		

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** Yes  No

- 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)?  
 Yes  No (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.)
- 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, Department of Aviation, Clark County Detention Center 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.)

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.

Signed by:  
  
 Signature  
 General Manager, Expansion  
 Title

Angie Welling  
 Print Name  
 6/20/2025  
 Date

## 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

\* 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:

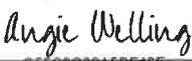
- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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- 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:

Signed by:  
  
 \_\_\_\_\_  
C55C9C03A5BF48E...  
 Signature  
 Angie Welling  
 \_\_\_\_\_  
 Print Name  
 Authorized Department Representative

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> <span style="float: right;">0</span>						
<b>Corporate/Business Entity Name:</b> 1Finity Americas, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> 17201 Waterview Parkway			<b>Website:</b> 1Finity.com			
<b>City, State and Zip Code:</b> Dallas, Texas 75252			<b>POC Name:</b> Kevin Lerch			
			<b>Email:</b> kevin.lerch@fujitsu.com			
<b>Telephone No:</b> (908) 313-6913			<b>Fax No:</b> NA			
<b>Nevada Local Street Address:</b> (If different from above)			<b>Website:</b> N/A			
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b> N/A			
<b>Local Telephone No:</b>			<b>Local POC Name:</b> N/A			
			<b>Email:</b> N/A			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
1FINITY Inc.		100%

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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)?  
 Yes  No (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.)

2. 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, Department of Aviation, Clark County Detention Center 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.)

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DocuSigned by:  
  
 Signature: 1549E35CD0CB4B4... John Lanius  
Secretary and General Counsel 2025-12-04  
 Title Date

## DISCLOSURE OF RELATIONSHIP

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(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

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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/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>						0
<b>Corporate/Business Entity Name:</b> Apex Advanced Technology LLC						
<b>(Include d.b.a., if applicable)</b> Apex Group						
<b>Street Address:</b> 12007 Sunrise Valley Dr. Ste 420			<b>Website:</b> www.apexgrp.us			
<b>City, State and Zip Code:</b> Reston, VA 20191			<b>POC Name:</b> Jeff Gill			
			<b>Email:</b> jgill@apexgrp.us			
<b>Telephone No:</b> 7037093456			<b>Fax No:</b> 703-817-2874			
<b>Nevada Local Street Address:</b> <b>(If different from above)</b> N/A						
<b>City, State and Zip Code:</b> N/A			<b>Local Fax No:</b> N/A			
<b>Local Telephone No:</b> N/A			<b>Local POC Name:</b> N/A			
			<b>Email:</b> N/A			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
FBR SOLUTIONS LLC	Parent Company	100%

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 Signature \_\_\_\_\_  
 Chief Customer Officer  
 Title \_\_\_\_\_

Jeffrey Gill  
 Print Name \_\_\_\_\_  
 8/25/25  
 Date \_\_\_\_\_

## DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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N/A			

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Notes/Comments:

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
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<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> 0						
<b>Corporate/Business Entity Name:</b> FBR Solutions, LLC						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> 12007 Sunrise Valley Dr, 420			<b>Website:</b> fbrsolutions.com			
<b>City, State and Zip Code:</b> Reston, VA 20191			<b>POC Name:</b> Christian Nelson			
			<b>Email:</b> christian.nelson@fbrsolutions.com			
<b>Telephone No:</b> 703.791.3456			<b>Fax No:</b>			
<b>Nevada Local Street Address:</b> n/a			<b>Website:</b>			
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b> n/a			<b>Local Fax No:</b> n/a			
<b>Local Telephone No:</b> n/a			<b>Local POC Name:</b> n/a			
			<b>Email:</b> n/a			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
AATF Holdings LLC		100%
6903 Rockledge DR STE 1100		
Bethesda, Maryland 20817		

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- 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)?  
 Yes  No (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.)
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*Mikell Harrison Perry*  
 Signature  
Member  
 Title

Mikell Harrison Perry  
 Print Name  
11/12/25  
 Date

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> <span style="float: right;">71</span>						
<b>Corporate/Business Entity Name:</b> WeLink Communications, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> 3301 N. Thanksgiving Way, Suite 100			<b>Website:</b> https://welink.com			
<b>City, State and Zip Code:</b> Lehi, UT 84048			<b>POC Name:</b> AJ Benjamin			
			<b>Email:</b> abenjamin@welink.com			
<b>Telephone No:</b> 866-939-5268			<b>Fax No:</b> n/a			
<b>Nevada Local Street Address:</b> 6340 South Sandhill Road, Suite 2			<b>Website:</b> https://welink.com/las-vegas/			
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b> Las Vegas, NV 89120			<b>Local Fax No:</b> n/a			
<b>Local Telephone No:</b> n/a			<b>Local POC Name:</b> AJ Benjamin			
			<b>Email:</b> abenjamin@welink.com			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Kevin Ross	Equity Holder	14.02%
DA 5G Soutlions Equity SPV, LP	Equity Holder	25.85%
Ladon Investments, LLC	Equity Holder	11.05%
HLS Holdings, LLC	Equity Holder	5.60%

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

- 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)?  
 Yes  No (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.)
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 Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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.

Dennis O'Connell  
Dennis O'Connell 9/14/2025 10:37 AM PDT  
 Signature

Dennis O'Connell  
 Print Name

Chief Executive Officer  
 Title

Aug 14, 2025  
 Date

## 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			

\* 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.

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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

**For County Use Only:**

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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/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>					0	
<b>Corporate/Business Entity Name:</b> DA 5G Solutions Equity SPV, LP						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		3535 Executive Terminal Dr, Ste 110		<b>Website:</b>		
<b>City, State and Zip Code:</b>		Henderson, NV 89052		<b>POC Name:</b> Aria Hu		
<b>Telephone No:</b>		(702) 348-8999		<b>Email:</b> aria@dalphafund.com		
<b>Telephone No:</b>				<b>Fax No:</b>		
<b>Nevada Local Street Address:</b> <i>(If different from above)</i>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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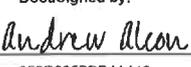
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
N/A		N/A
_____	_____	_____
_____	_____	_____
_____	_____	_____

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

- 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)?  
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DocuSigned by:  
  
 Signature \_\_\_\_\_ 052D2857DB4A446...  
 Andrew Alcon  
 Print Name \_\_\_\_\_  
 CFO \_\_\_\_\_  
 Title \_\_\_\_\_  
 November 11, 2025  
 Date \_\_\_\_\_

### 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			

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>						
<b>Corporate/Business Entity Name:</b> LADON INVESTMENTS LLC						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b> 3740-B JUAN TABO NE, SUITE VZ			<b>Website:</b> N/A			
<b>City, State and Zip Code:</b> ALBUQUERQUE, NM 87111			<b>POC Name:</b> JOHN SOUTHCOFF			
			<b>Email:</b> john@ufimcapital.com			
<b>Telephone No:</b> 385-155-0355			<b>Fax No:</b>			
<b>Nevada Local Street Address:</b>			<b>Website:</b>			
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b>			
			<b>Local POC Name:</b>			
<b>Local Telephone No:</b>			<b>Email:</b>			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
TRACY JAMES MAYER	MANAGER	100%

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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.

  
 Signature  
 EXECUTIVE  
 Title

JOHN SOUTHCOFF  
 Print Name  
 11/2/2025  
 Date

## 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			

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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/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>					N/A	
<b>Corporate/Business Entity Name:</b>		HLS Holdings, LLC				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		11940 US Highway 1, Suite 220		<b>Website:</b>		
<b>City, State and Zip Code:</b>		North Palm Beach, FL 33408		<b>POC Name:</b>		
<b>Telephone No:</b>				<b>Email:</b>		
<b>Telephone No:</b>				<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		N/A		<b>Website:</b>		
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
<b>Local Telephone No:</b>				<b>Email:</b>		

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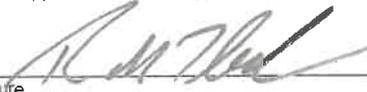
Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Robert Smith	Manager	100%

**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 Detention 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 professional 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-brother/half-sister, grandchild, grandparent, related to 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)?  
 Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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.

	Robert Smith
Signature	Print Name
Manager	12/1/2025
Title	Date

## 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			

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				30		
<b>Corporate/Business Entity Name:</b> Stimulus Technologies of Nevada, LLC						
<b>(Include d.b.a., if applicable)</b> Stimulus Technologies						
<b>Street Address:</b> 6100 Mountain Vista St. Ste 100			<b>Website:</b> www.StimulusTech.com			
<b>City, State and Zip Code:</b> Henderson, NV 89014			<b>POC Name:</b> Nathan Whittacre			
			<b>Email:</b> nathan@stimulustech.com			
<b>Telephone No:</b> 702-479-1040			<b>Fax No:</b>			
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Stimulus Technologies Corp.		100%
Nathan Whittacre	CEO	100% (beneficial owner)

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- 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)?  
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**Nathan Whittacre**  
 Digitally signed by Nathan Whittacre  
 Date: 2025.08.26 12:26:54 -07'00'  
 \_\_\_\_\_  
 Signature

CEO  
 \_\_\_\_\_  
 Title

**Nathan Whittacre**  
 \_\_\_\_\_  
 Print Name

08/26/2025  
 \_\_\_\_\_  
 Date

## 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			

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				990		
<b>Corporate/Business Entity Name:</b>		T-Mobile West LLC				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		12920 SE 38th Street		<b>Website:</b> https://www.t-mobile.com/		
<b>City, State and Zip Code:</b>		Bellevue, WA 98006		<b>POC Name:</b> Christina Halley		
				<b>Email:</b> christina.halley@t-mobile.com		
<b>Telephone No:</b>		703-592-4774		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		n/a		<b>Website:</b> https://www.t-mobile.com/		
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>		n/a		<b>Local Fax No:</b>		
<b>Local Telephone No:</b>		(801) 953-9238		<b>Local POC Name:</b> Chad Sundloff		
				<b>Email:</b> chad.sundloff@t-mobile.com		

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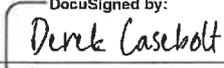
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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<p>DocuSigned by:              Signature: 88A4D134DD9D4F5...</p>	<p>Derek Casebolt            Print Name</p> <p>12/17/2025            Date</p>
<p>Director, Government Sales            Title</p>	

### DISCLOSURE OF RELATIONSHIP

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

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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/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## Sylvia Gonzales

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**From:** Keithley, Lora <Lora.Keithley@t-mobile.com>  
**Sent:** Thursday, January 8, 2026 7:36 AM  
**To:** Veit, Laura  
**Subject:** T-Mobile West LLC Officers

Hi Laura – below are the list of officers for T-Mobile West LLC. Let me know if you need anything further. Thanks!

### T-Mobile West LLC

#### Officers:

Peter Osvaldik	President
Mark W. Nelson	Executive Vice President & General Counsel
Broady Hodder	Senior Vice President, Governance, Strategy and Integrity & Secretary
Christopher M. Miller	Senior Vice President, Tax
Johannes Thorsteinsson	Senior Vice President, Treasury & Treasurer
John Barnes	Vice President, Tax
Daniel Drobac	Vice President, Accounting & Chief Accounting Officer
Marc Menges	Vice President, Treasury & Assistant Treasurer
David Thacker	Vice President, Tax
Larry Weians	Vice President, Tax
Ryan Brady	Assistant Secretary
Craig Codlin	Assistant Secretary
Frederick Williams	Assistant Secretary
Shelly Bundy	Authorized Signatory *
Terrence Hayes	Authorized Signatory *
Mitch Holly	Authorized Signatory *
Lahela Kanohe	Authorized Signatory *
Kate Peterson	Authorized Signatory *
Keely Weidenbach	Authorized Signatory *

\* business license applications only

Lora E. Keithley  
Senior Legal Analyst, Legal Affairs - Corporate Governance



Direct 913.794.1411 | [lora.keithley@t-mobile.com](mailto:lora.keithley@t-mobile.com)

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>						6
<b>Corporate/Business Entity Name:</b>		Integration Technologies LLC				
<b>(Include d.b.a., if applicable)</b>		INTECH				
<b>Street Address:</b>		3395 S Jones Blvd #223		<b>Website:</b> INTECHspeed.com		
<b>City, State and Zip Code:</b>		Las Vegas Nevada 89146		<b>POC Name:</b> Gabrielle Mazayer		
				<b>Email:</b> hello@INTECHspeed.com		
<b>Telephone No:</b>		702-438-4388		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b> <b>(If different from above)</b>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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 individuals 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 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	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Gabrielle Mazayer	Managing Member	90
Nando Ateho	Managing Member	10

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

- 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)?  
 Yes  No (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.)
- 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, Department of Aviation, Clark County Detention Center 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.)

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.

 Signature	Nando Ateho Print Name
CEO Title	08-21-2025 Date

## 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			

\* 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 Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

**For County Use Only:**

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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/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input checked="" type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input checked="" type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>					0	
<b>Corporate/Business Entity Name:</b> Emisha Innovations Inc.						
<b>(Include d.b.a., if applicable)</b> Emisha Connect						
<b>Street Address:</b> 748 Market St #214			<b>Website:</b> https://emishai.com/			
<b>City, State and Zip Code:</b> Tacoma, WA, 98402			<b>POC Name:</b> Jerritt Thomas			
			<b>Email:</b> Jthomas@emishai.com			
<b>Telephone No:</b> 971-275-8051			<b>Fax No:</b>			
<b>Nevada Local Street Address:</b> <b>(If different from above)</b>			<b>Website:</b>			
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b>			
<b>Local Telephone No:</b>			<b>Local POC Name:</b> <b>Email:</b>			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Jerritt Thomas	CEO	80
Duane Thomas	VP	20

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 Yes  No (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.)
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 Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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Jerritt Thomas  
 Digitally signed by Jerritt Thomas  
 Date: 2025.07.14 21:03:24 -04'00'  
 Signature  
 CEO  
 Title

Jerritt Thomas  
 Print Name  
 7/14/2025  
 Date

## 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			

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Notes/Comments:

**Jerritt Thomas** Digitally signed by Jerritt Thomas  
Date: 2025.09.09 08:51:49 -07'00'

Signature

Jerritt Thomas

Print Name

Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
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<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>					73	
<b>Corporate/Business Entity Name:</b> ISP Industries LLC						
<b>(Include d.b.a., if applicable)</b> isp.net						
<b>Street Address:</b> 2595 Fremont St.			<b>Website:</b> isp.net			
<b>City, State and Zip Code:</b> Las Vegas, NV 89104			<b>POC Name:</b> KEVIN HAYES			
			<b>Email:</b> KEVINH@ISP.NET			
<b>Telephone No:</b> 702-900-0000			<b>Fax No:</b> 7026600201			
<b>Nevada Local Street Address:</b> 2595 Fremont St. <b>Website:</b> isp.net						
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b> Las Vegas, NV 89104			<b>Local Fax No:</b> 7026600201			
<b>Local Telephone No:</b> 702-900-0000			<b>Local POC Name:</b> KEVIN HAYES			
			<b>Email:</b> KEVINH@ISP.NET			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Charles Sattler	CEO	51
Ronald Cook	CFO	49

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*Kevin Hayes*

Signature

Kevin Hayes

Print Name

COO

Title

Oct 31, 2025

Date

## DISCLOSURE OF RELATIONSHIP

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Notes/Comments:

*Kevin Hayes*

Signature

Kevin Hayes

Print Name

Authorized Department Representative