DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DIOCECC	ite or our		. ,			
Business Entity	Type (Please sele	ct one)						
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Design	ation Group (Plea	se select all that app	(y)		S-10			
ШмвЕ	□WBE	SBE	PBE		VET	DVET	ESB	
Minority Business Enterprise	Women-Owne Business Enterprise	d Small Busines Enterprise	s Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of C	lark County N	levada Resident	s Employed:	183				
Corporate/Business Entity Name:		Eggle Quest						
(Include d.b.a., if	applicable)							
Street Address:		3680 N.	Rancho	Dr. v	Vebsite: Eagle G	luestService	ies . ong	
City, State and Zip Code:		usvegas.NV,89130		20 [POC Name: DOVID DOYLE SEAGLE QUEST. US. CO			
Telephone No:				F	ax No: 702-30	16-4193		
Nevada Local Street Address:				v	Vebsite:			
(If different from above)								
City, State and Zip Code:					ocal Fax No:			
Local Telephone	No:				Local POC Name: Email:			
close corporations	foreign corporations Full Name	s, limited liability compar	lies, partnersnips, lim	Title	hips, and professional cor	% Own		
Tues 19-		atts	++c			Corporations/Non-pro	(Not required for Publicly Traded or Publicly Traded	
	y Tipp	6112	CEO	50.0	:	51		
resile (lean Til	operts	Treasur	(2)				
				388 -				
4 Am any indi	ridual members, par ark County Water Re	eclamation District full-tin	ils, involved in the bus ne employee(s), or ap	siness entity, pointed/elec	a Clark County, Departm ted official(s)?	ent of Aviation, Clark Cou		
Yes (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), opappointed/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.)								
Leadifu under per	of parium, that a	all of the information prov	ided herein is current	t, complete, a	and accurate, I also under		not take action on	
Signature Signature								
CEÓ			Date	5/	12/2023			
Title				1				

DISCLOSURE OF RELATIONSHIP

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

Print Name Authorized Department Representative

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			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the domestic Partners – Children Half-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)
Yes No Is the County en	noted above, please complete the folk aployee(s) noted above involved in the aployee(s) noted above involved in any	contracting/selection process for this	
Signature			