DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Designet	ion Group (Plea	ise select all that a	pply)	-		,	Marine . Marines marin		
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Number of Cla	rk County I	levada Reside	nts (Employed:		erromanishin (be simultivitie alité)	None		
Corporate/Business Entity Name: Navitu		Navitus Health S	lavitus Health Solutions, LLC						
					, , , , , , , , , , , , , , , , , , , ,				
[Include d.b.a. If applicable] Street Address: 361 li		361 Integrity Dri	ve		W	ebsite: www.navibia.	#.com		
Chy, State and Zip	Code:	Madison, WI 53	Madison, WI 53717			OC Name: David Mod	kert		
		The second secon				Email: David.Mockert.navitus.com			
Telephone No:		608-729-1627		Fax No: 608-729-2627					
Nevada Local Stree	Nevada Local Street Address: N/A			Wabsite;		obelte;	n.		
(if different from ab-	avie j		130000000				addition and		
City, State and Zip	Code:		· · · · · ·		§	ocal Fax Ho:		- Annaham - Anna	
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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
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	Domestic Partners – Children if-Brothers/Half-Sisters – Gran		-
or County Use Only:			
any Disclosure of Relationship is no	ted above, please complete the follow	ring;	14
	pyee(s) noted above involved in the o		
Yes Mo Is the County emplo otes/Comments:	oyee(s) noted above involved in any w	ray with the business in performance	of the contract?
gnature	-		•
dat Neme	Property By Ay		
uthorized Department Representative	9		