DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DIGOLOGOK	L OI OWN	ILIXOIII	PARINGIPAL			
Business Entity Ty	pa (Please select	one)	1500110					
Sole Proprietorship	Parinership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designat	ion Group (Please	select all that apply)						
MBE	WBE	SBE	☐ PBE		☐ VET	DVET	□ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Smal Business	
Number of Clark County Nevada Residents Employed: 158								
Corporate/Business Entity Name:		EAGLE QUEST						
(Include d.b.a., if a	plicable)							
Street Address:		3680 N RA	INCHO I	OR W	lebsite: EAGLED	UESTSERV	CES .ORG	
City, State and Zip Code:		LAS VEGIAS-NV, 89130		P	POC Name: DAVID DOYLE Email: DDOYLE@EAGLEGUEST.US.COM			
Telephone No:		Fax No: 102 - 39						
	Addr			The state of the s				
Nevada Local Street				"	/ebsite:			
(If different from above)					Land Fau Mar			
City, State and Zip	Code:		Local Fax No:			1 1 7 2 1		
Local Telephone N	o:		Local POC Nar		ocai POC Name: malt:	4		
Entitles include all business associations organized under or close corporations, foreign corporations, limited liability comparations. Full Name			nies, partnerahips, ilmited partnerships, and professiona Title			Corporations, % Owned (Not required for Publicly Traded		
IVAN RAYT	S	CEO			Corporations/Non-profit organizations)			
LESLIE JE		S TREASURER			51			
		y-traded corporations.		-		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 (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 Iut-lime employee(s), or appointed/elected official(s)? 								
Yes You (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)								
I cartify under penalty of pegiury, 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, tand sales, leases or exchanges without the completed disclosure form.								
Signature Print Name								
CEO			5	27/20	22			
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					
NA								
- income and the second								
 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) 								
Far 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 Print Name Authorized Department Represent								