Sole Partnership Partnership Company Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply) MBE WBE SBE PBE VET DVET ESB Minority Business Women-Owned Small Business Physically Challenged Veteran Owned Disabled Veteran Emerging S	Business Entit	y Type (Please sel	ect one) /								
Website: Website: See See Pee Vet Disable Veteran	Sole			Limited Liability	Ε	Corporation	∏Tru	st	Non-Profit Organization		Other	
Minority Business Women-Owned Business Enterprise Britishes Enterprise En	Business Desig	nation Group (Ple	ase se	lect all that apply	1)							
Enterprise Business Enterprise Owned Business Owned Business	MBE			□SBE		□PBE			□ VET		OVET	□ESB
Corporate/Business Entity Name: Included d.b.a., if applicable) WELL CARLE LIVING 3312 N. CHARLESTW 6WF POC Name: MARCE () NC - HENLTH. COM Fax No: Less Vegals NV 89102 Felephone No: 702 553 2580 Fax No: Website: Idifferent from above) City, State and Zip Code: Local Force Address: Idifferent from above) City, State and Zip Code: Local Force No: Website: Idifferent from above) City, State and Zip Code: Local Force No: Local		Business	ed									Emerging Sma Business
Street Address: 33 2 N. CHARLETW (SWP POC Name: MARCE CASATEMAL POC Name: MARCE CASATEMAL POC Name: MARCE CASATEMAL POC Name: MARCE (SWC HEALTH). COM Felephone No: 70 2 553 2580 Fex No: Nevada Local Breet Address: If different from above) City, State and Zip Code: Use and Zip Code:	Number of 0	Clark County	Nevad	da Residents	E	mployed:	39					
Street Address: 33 2 N. CHARLETW (SWP POC Name: MARCE CASATEMAL POC Name: MARCE CASATEMAL POC Name: MARCE CASATEMAL POC Name: MARCE (SWC HEALTH). COM Felephone No: 70 2 553 2580 Fex No: Nevada Local Breet Address: If different from above) City, State and Zip Code: Use and Zip Code:	Corporate/Busin	ress Entity Name	N	EW HOPE	0	ACEMET	NT . I	۔ اـ	C			
Street Address: 3312 N. CHARLESTWN BWP Website: POC Name: MARCE CASATEmail: MARCE CASATEMACCOMPOSED City, State and Zip Code: Local Folia Fix No: Local Folia No: Lo	174						_					
City, State and Zip Code: AS VEGNS NV 89107 Felephone No: 70 2 553 2580 Fax No: Vector Active Address: If different from above) City, State and Zip Code: Local Fax No: Local POC Name: Email: If entities, with the exception of publicly-traded and non-profit organizations, must fist the names of individuals holding more than five percent (5%) ownership of nandal inference in the business entity appearing before the Board. If entities, with the exception of publicly-traded and non-profit organizations, shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with watership of financial inference. The disclosure requirement, as explict to instruce and paper and the landowner(s). Intities include all business associations organized under or governed by Title 7 of the Novada Revised Statutes, including but not limited to private corporations, foreign exportations, limited fabrilly companies, partnerships, limited partnerships, and professional corporations. Full Name Title MARCELINO ASAM COO MEMBER COO MEMBER 20 Interest for Publicly Traded Corporations. Are you a publicly-traded corporation? MARCELINO Are any individual members, partners, owners or principate, involved in the business entity, a Clark County. Department of Aviation, Clark County Option or Clark County Water Recitamistion Brains full-time employee(s), or appointed/elected efficial(s)? Yes Into (five, please note that County employee(s), or appointed/elected efficial(s)? Yes Into (five, please onthe that County employee(s), or appointed/elected efficial(s)? Yes Into (five, please onthe that County employee(s), or appointed/elected efficial(s)? Yes Into (five, please onthe that County employee(s), or appointed/elected efficial(s)? Yes Into (five, please complete the Disclosure of Relationship form on Page 2, if no, please print NiA on Page 2.) Print Name Print Name Print Name Print Name								Wel	eite:			
Total Portion No: Total Portion Pax No: Website: Website:	City, State and Z	ip Code:	LA					POC	Name: MARCE			74. COM
Gity, State and Zip Code: Local Fax No: Local POC Name: Email: Mil 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 narrical interest in the business entity appearing before the Board. Publicly-traded antities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals holding more than five percent (5%) ownership or narrical interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Intities include all business associations organized under or operand by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, foreign corporations, funded liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title W. Owned (Not required for Publicly Traded Corporations). MBACLLING Are any individual members, partners, owners or principals, involved in the business sentity, 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)? Do any individual members, partners, owners or principals, involved in the business sentity, 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)? Do any individual members, contracts, which are not subject to competitive bid.) Do any individual members, partners, cowners 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 Aviston, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? Yes No No No Clark Shipper Shipper Shipper Shipper Ship	relephone No:		70	2 553 2	5	80						
Local Fax No: Local POC Name: Email: Ill 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 nancial 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 wnership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(e). Initiation include all business associations organization or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, losse corporations, foreign corporations, finited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title WEARLY O ASSAY COO MAY CASSAY COO MEMBER LOO MEMBER LOO Are any individual members, partners, owners or principals involved in the business antity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected difficial(s)? Do any individual members, partners, owners or principals have a spouse, registed domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandschild, grandparent, related to a Clark County, Department of Aviation, Clark County Water Reclamation District full-time employee(s), or appointed/elected difficial(s)? Yes No (If yes, please rote that County, pepartment of Aviation, Clark County Water Reclamation District full-time employee(s), or appointed elected efficial(s)? The print Name Print Name Print Name Print Name								Web	site:			
Local POC Name: Email: Ill entities, with the exception of publicy-traded and non-profit organizations, must list the names of Individuals hotding more than five percent (5%) ownership or nancial interest in the business entity appearing before the Board. Individual interest in the business entity appearing before the Board. Individual interest in the business entity appearing before the Board. Individual interest in the business entity appearing before the Board. Individual interest in the business entity appearing before the Board. Individual interest in the business and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of Individuals with watership of Individual members, business associations organized under or governed by Title 7 of the Newdda Revised Statutes, including but not limited to private corporations, foreign corporations, finited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title WANCELING ASAM COO CONDETEL CARITER MEMBER 2.0 In Section Is not required for publicly-traded corporations. Are you a publicly-traded corporation? MEMBER 2.0 In 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 Clork County Publicity Final County Completes and Popolited/elected officials (s) may not perform any work on professional service confined in the profit of th			-				_		J.F., U			
ill 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 anancial inferest in the business entity appearing before the Board. Willicity-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of Individuals will worship or financial inferest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Intities include all business associations organized under or governed by Title 7 of the Newada Revised Statutes, including but not limited to private corporations, lose corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Tride Wowned (Not required for Publicity Traded Corporations). Full Name Tride Wowned (Not required for Publicity Traded Corporations). 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) may not perform any work on professional service contexts, 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) Or see No. (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.) Print Name In I gl J J J J J J J J J J J J J J J J J J	Gity, State and a	Lip Code.										
Il 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 anacial interest in the business entity appearing before the Board. Ublicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with warreship or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Inities include all business associations arganized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, see corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title (Not required for Publicly Traded Corporations) Full Name Title (Not required for Publicly Traded Corporations) Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Datention Center or Clark County Water Reclamation District full-time employee(s), or appointed/lected 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, grandperent, 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): Or 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, grandperent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District	ocal Telephone	No:					1					
MAY CASM COO 179 MAY CASM COO 179 MEMBER 700 Missection 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 Detantion 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 Detantion 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.) Print Name Industry O CA SAL Print Name Print Name Industry No CA SAL Print Name Industry No CA SAL Print Name	ntities include all ose corporations,	foreign corporations	ns orgai , limited	nized under or gov liability companies	erne , pa	ed by Title 7 of th rtnerships, limite	d partners	a Ren ships,	vised Statutes, includin and professional corpo	g but n orations		
MEMBER COO MEMBER Description is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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 Tho (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 Detantion 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.) Perform the print Name Is a provals, contract approvals, land sales, leases or exchanges without the completed disclosure form. MARCEL IND CASAL Print Name	MARCELI	_	AL-	-	C.	ē O					t required for Pub	licly Traded
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.) Pertify 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 non-use approvals, contract approvals, lead sales, leases or exchanges without the completed disclosure form. **MARCELLINGO** CASAM** Print Name **Int Name** **Int	MAY C	ASAL			C	00						9
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.) Pertify 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 ind-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. **MARCELLING** **DISCRIPTION** **Print Name** **Print Name*	CORBEL	CAPITA	L	44		MEMB	ER				_ 2	0
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.) Detrify 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 ind-use approvals, contract approvals, leases or exchanges without the completed disclosure form. **MARCHLING** CASAL** Print Name **Print Name** **P	his section Is not	required for public	:/y-trade	ed corporations.	are .	you a publicly-1	raded co	rpora	ation? Yes		No	
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.) Dertify 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 induse approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. MARCELIND CASAL Print Name 10 9 20 24	Center or Clar	rk County Water Red	lamation yes, ple	n District full-time er ease note that Cour	nplo ity e	oyee(s), or appoi imployee(s), or a	inted/elec	ted of elect	ficial(s)? ed official(s) may not pe			
pertify 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 ind-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. MARCELIN'D CASAL Print Name 10/9/2024	sister, grandci full-time emplo	dual members, partne hild, grandparent, re byee(s), or appointed	ers, own lated to l/elected	ners or principals ha a Clark County, De I official(s)? ase complete the E	ive epar	a spouse, registo tment of Aviation osure of Relation	ered dom n, Clark C nship fom	estic Jounty on F	partner, child, parent, in parent, in parent, in parent or Core	iark Co	ounty Water Recla	alf-brother/half- mation District
	ertify under penal nd-use approvals,	ty of perjury, that all contract approvals, I	of the in	formation provided	her nge	eln is current, co s without the con	mplete, a npleted di	nd ac	curate, I also understa ure form.	nd that	the Board will not	take action on
	gnature VVV	CED	_		ī	Print Name	7/20	24	1			
	le						1	- 1				

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
4/4			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of confollows: • Spouse – Registered	hip by blood. "Affinity" is a relationsanguinity" applies to the consensitic Partners – Children	ationship by marriage. candidate's first and second - Parents – In-laws (first deg	ree)
Brothers/Sisters – Ha	lf-Brothers/Half-Sisters – Grar	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is no	oted above, please complete the follow	wing:	
Yes No Is the County empl			
Yes No Is the County empl Notes/Comments:	oyee(s) noted above involved in any v	way with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Representativ	re		

		DISCLOSUF	L OI OIII				
Business Entity Ty	e (Please select			1	Non-Profit		
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Organization	Other	
	on Group (Pleas	e select all that apply	0		0		□ESB
MBE	WBE	□SBE	☐ PBE		VET	DVET	(D)
Minority Business Interprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Cl Business En	nallenged terprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	rk County N	evada Resident	s Employed:	2			
		000000000000000000000000000000000000000	DUVC	1 C			
Corporate/Busines	s Entity Name:	PALMA HE THE AMER	(1) C (1) (1)	((CO))	LIVING		
Include d.b.a., if a	pplicable)	3312 W. C	LAND LECTON	81-10	-		
Street Address:		3712 W. C	MAICHESTON		Vebsite: OC Name: MM	CE CASAL	
City, State and Zip	Code:	LAS VEYA		E		CE CASAL Q WC-HEAL	TH- COM
Telephone No:		818 468 63	57		ax No:		
Nevada Local Stre	et Address:			V	Vebsite:		
(If different from a	bove)				ar No.		
City, State and Zi	Code:				ocal Fax No:		
Local Telephone	Jo:			1	_ocal POC Name: Email:		
			4 S. P. O'STATE	-	The state of the s	n more than five percent	(5%) ownership or
All entities, with the	exception of publine business entity a	cly-traded and non-prof appearing before the Bo	it organizations, mu ard.	st list the nair	Iles of Illumorate Holom	g more than five percent	e todayida olo with
Publicly-traded en	tities and non-pr	ofit organizations sha	Il list all Corpora	te Officers a	and Directors in lieu of extends to the applicant	of disclosing the names and the landowner(s).	ivate corporations,
Entities include all l close corporations, f	ousiness associations oreign corporations	ons organized under or s, limited liability compar	governed by Title 7 nles, partnerships, li	of the Nevao mited partners	a Revised Statutes, and ships, and professional o	uding but not limited to proporations.	
	Full Name			Title		% Ow (Not required for Corporations/Non-p	Publicly Traded
	ulo CAS	SAL		CEO		100	
MARCEL							
MERCEL	ig on						
MARCEL							
			Her en gener fact	****			
		general and Reference from	ns. Are you a publ	licly-traded c	orporation?	Yes No	auntu Detrofice
This section is no	t required for pub dual members, par	iiciy-traded corporatio	als, involved in the b	iusiness eniit) annointed/ele	cted official(s)?	rtment of Aviation, Clark C	ounty Detention professional service
This section is no 1. Are any indivicenter or Cla	t required for pub. dual members, par rk County Water R	licly-traded corporation the section of the section	als, involved in the t me employee(s), or County employee(s acts, which are not	appointed/ele), or appointe subject to con	y, a clark obunty, bepar cted official(s)? d/elected official(s) may npetitive bid.)	rtment of Aviation, Clark C	professional service
This section is no 1. Are any indivicenter or Cla Yes 2. Do any indivi	t required for pub. dual members, par rk County Water R	licly-traded corporation thers, owners or principeclamation District full-ti (If yes, please note that contracts, or other contents, owners or principelated to a Clark Cour	als, involved in the ime employee(s), or County employee(s) racts, which are not als have a spouse, by, Department of A	appointed/ele), or appointe subject to con registered do viation, Clark	y, a clair Country, Department, Separated official(s)? ad/elected official(s) may mpetitive bid.) mestic partner, child, pa	rtment of Aviation, Clark C	professional service er, half-brother/half Reclamation Distric

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, lamp sales, leases or exchanges without the completed disclosure form. Signature Title

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

	NAME OF COUNTY	DEL ATIONSUID TO	COUNTY*
NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
JUL AND AL	AND COD TILL	CIMI ESTEE/OFFISIAL	DEI / IVIII
MA			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of confollows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a relationsanguinity" applies to the of Domestic Partners – Children	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County emp	noted above, please complete the follo ployee(s) noted above involved in the o ployee(s) noted above involved in any	contracting/selection process for this	
Print Name Authorized Department Representat	ive		

Business Entity	/ Туг	e (Please select	one)									
Sole Proprietorship		Partne <i>r</i> ship		Limited Liaceity mpany		Corporation	Trus	st O	Non-Profit rganization		Other	
Business Desig	nati	on Group (Pleas	e sel	ect all that apply)					7-5-1		r
□мве		□wbE		□SBE	4	PBE		\perp	VET		VET	□ESB
Minority Busines Enterprise	5	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			teran Owned siness		abled Veteran ned Business	Emerging Small Business
Number of	Cla	k County Ne	evac	la Residents	En	nployed:				120		
	_	-	Libo	rty Wellness Ou	tnati	ont Counselin	a Center	r II				
Corporate/Busi			Live	1ty 116/11/033 Ou	фин	OTT GODING	9 00					
(Include d.b.a.,	lf ap	plicable)	050	5 Anthem Village	. Da	rlougy E-565		Websit	N/A			
Street Address:			-			ikway, E-303			ame: Jennifer Mo	rss		
City, State and	Zip (Gode:	Hen	derson, NV 890	52			Email:	morss.jenni		hoo.com	
Telephone No:			702-	332-3228				Fax No	: N/A			
Nevada Local S		8:		4				Websit	e:			
(if different from								Local	ax No:			
City, State and	Zip	Code:	_		_				OC Name:			
Local Telephon	e No	:						Email:	O Hamo.			
ownership or final	ıclal i	nterest. The disclo	sure r	equirement, as ap	huen	to isitu-use app	he Nevac	da Revis	rectors in lieu of o to the applicant and ed Statutes, includi and professional com	ing but i	not limited to prive	te corporations,
				0	: wne:	r/Partner				Corps 40%	orations/Non-profit	organizations)
MadCar LLC	_		_			r/Partner				25%		
Pipxel LLC Just4Today LLC	-		_		_	r/Partner				10%		
Arenal investme	nt LL	C			wne	r/Partner				25%		
	-		he dans a	ed corporations.	Δra	you a publich	traded c	orporati	on? Yes	V	No	
	أرينا أراب	I members, partne county Water Reck	rs, ow	mers or principals, in District full-time	invoi ampl	ved in the busin oyee(s), or appo	ess entity pinted/ele	y, a Clark cted offic	County, Departme	ent of Av	iation, Clark Coun	
Yes	1	No (If y	yes, pl stracts	ease note that Co , or other contracts	unty (employee(s), or ich are not subj	eppointed set to com	d/elected npetitive	f official(s) may not bid.)			
eleter atend	(child	, grandparent, rel e(s), or appointed/	ated ti electe	d official(s)?	Deba	MILENT OF MARCH	on, Clair	000,	artner, child, parent Detention Center o			neif-brother/haif- lamation District
Yes		No (ff	yes, p	ease complete the	Disc	closure of Relati	onship for	rm on Pa	age 2. If no, please	print N/	A on Page 2.)	
I certify under per land-use approva	aity (of perjury, that all c intract approvals, k	of the l	nformation provide les, leases or excl	ed he	rein is current, ones without the co	complete, ompleted	and acc disclosu	urate. I also unders re form.	tand the	at the Board will no	ot take action on
	7					Jennifer Mors	S					
Signature					7	Print Name						
Owner/Partner					(09/27/2024						
Title					-	Date						
						1						DEVICED 7/25/2014

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

Signature

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			
			Y
"Consanguinity" is a relation "To the second degree of follows:	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the	lationship by marriage. candidate's first and second	degree of blood relatives as
	d Domestic Partners – Childre		
 Brothers/Sisters – F 	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	in-laws (second degree)
¥			
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the foll	owing:	
Yes No Is the County en	nployee(s) noted above involved in the	contracting/selection process for this	s particular agenda Item?
Yes No Is the County en	nployee(s) noted above involved in an	y way with the business in performan	ce of the contract?
Notes/Comments:			

Business Entity Ty	e (Please select	t one)							T	
Sole Proprietorship	Partnership	V Limit	ited Liability iny		Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e select a	all that apply)			T			
MBE	□wbe		SBE	_ [PBE		VET		DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		nall Business iterprise		Physically Ch Business Enti		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of Cla	rk County Ne	evada F	Residents	Em	ployed:			3		
• • • • • • • • • • • • • • • • • • •	Estitutione:	MadCar	r LLC							
Corporate/Business										
(Include d.b.a., If ap	plicable)	1533 Ba	avanusa Driv	/B	W	v	/ebsite: N/A			
Street Address:		1000	son, NV 8905	_			OC Name: Jennifer N	torss		
City, State and Zip	Code:	Render	SOII, NV 0500	J2			mall: morss.jen		ahoo.com	
		702-332	2000				ax No: N/A			
Telephone No:		702-332	2-3220	-	-Line-in-					
Nevada Local Stree	t Address:					v	Vebsite:			
(If different from ab	ove)						LE No.			
City, State and Zip	Code:	-		_			ocal Fax No:			
							ocal POC Name:			
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List any disclosures below: (Mark N/A, If not applicable.)

NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	EMPLOYEE/OFFICIAL COUNTY*

"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	bove, please complete the following:	
Yes No Is the County employee	s) noted above involved in the contracting/selection process for this particular agenda it	em?
Yes No Is the County employee	(s) noted above involved in any way with the business in performance of the contract?	
Notes/Comments:		
Signature	e#	
Print Name	_	

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

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

Business Entit	Type (Pleas	se select	one)	_							
☐ Sole Proprietorship	Partners	hip	imited Liabilit	ty	☐ Corporation	☐ Trus		n-Profit ization		☐ Other	
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Corporate/Busi	ness Entity I	Name:	PIPXEL, LLC								
(Include d.b.a.,											
Street Address			6061 S. Fort Apa	che	Rd. #140		Website: ⁿ	ı/a			
City, State and			Las Vegas, NV	8914	48		POC Name Email:	: Joe DiRaff Joe@dglv-		om	
Tolombono No:			702-630-6767				Fax No: ^{n/a}	ì			
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List any disclosures below: (Mark N/A, if not applicable.)

NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	EMPLOYEE/OFFICIAL COUNTY*

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

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

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

DISCLOSURE OF OWNERSHIP/PRINCIPALS Business Entity Type (Please select one) ☐ Non-Profit Organization Limited Liability Other Solv Prophetorship Corporation 1 Irust Partnership myrany Business Designation Group (Please select all that apply) DVET []ESB □ VE1 PBE SBE □ WBE MHE Disabled Veteran **Emerging Small** Veteran Owned Physically Challenged Small Business Women-Owned Minonty Business Owned Business Business **Business Enterprise** Business Entennise Business Entermise Enterprise Number of Clark County Nevada Residents Employed: Just4Today LLC Corporate/Business Entity Name: (Include d.b.a., if applicable) Website: N/A 141 W Sherwood Dr. Street Address: POC Name: Avan Tucker Henderson, NV, 89015 Hyan,t@unirainnv.com City, State and Zip Code: Email: Fax No: N/A (702) 886-8795 Telephone No: Website: Nevada Local Street Address: (If different from above) Local Fax No: City, State and Zip Code: Local POC Name: Local Telephone No: All entitles, 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 Seu 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). Entitles 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. % Owned Title Full Name (Not required for Publicly Traded Corporations/Non-profit organizations) 50% Owner/Partner Ryan Tucker Owner/Partner Nicole Tucker This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes 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)? (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service ₽ No 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, willaw 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)? (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. Latso understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form Ryan Tucker Print Name 9/27/2024 Owner/Partner Date

Title

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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* County employee means Clark County, Department of Aviation, Clark County Delention 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 Print Name Authorized Department Representative	

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Business Entit	v Tyne (Ple	ase select	t one)								
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Business Desi	gnation Gro	up (Pleas	se select	all that apply	y)						
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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			
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'To the second degree of follows:	ship by blood. "Affinity" is a reconsanguinity" applies to the document of the	candidate's first and second	
	dalf-Brothers/Half-Sisters – Gra		
Yes No Is the County en	noted above, please complete the fol nployee(s) noted above involved in the nployee(s) noted above involved in an	e contracting/selection process for th	is particular agenda item? nce of the contract?
Signature			