## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Dusiness Entity Ty	ma /Diagra calcat	ono)							
Sole Proprietorship	pe (Please select	Limited Liability Company	Corporation	☐ Trust	☐ Non-P Organization	rofit			
Business Designation Group (Please select all that apply)									
□ MBE	□ WBE	☐ SBE	☐ PBE		□ VET	□DVET	☐ ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	Physically C Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
Number of Clark County Nevada Residents Employed:									
Corporate/Business Entity Name:		CyberSafe Limited							
		CyberSafe							
(Include d.b.a., if applicable)		Abbey House, 450 Bath Road		W	Website: https://CyberSafe.com				
Street Address:  City, State and Zip Code:		Longford, Middlesex, UB7 0EB		Р	POC Name: Tim Alsop  Email: Tim.Alsop@CyberSafe.com				
Telephone No:		+44 1256 330596		F	Fax No:				
Telephone No:  Nevada Local Street Address:		n/a			Website:				
(If different from al	oove)								
City, State and Zip	Code:			L	Local Fax No:				
Local Telephone N	o:				Local POC Name:				
					mail:				
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									
	Full Name			Title		% Owned (Not required for Put Corporations/Non-profit	olicly Traded		
	Full Name		Manaç	Title ging Directo		(Not required for Pub	olicly Traded		
	Tim Alsop	u tradad		ging Directo	r	(Not required for Put Corporations/Non-profit 100	olicly Traded		
	Tim Alsop	y-traded corporations	. Are you a public	ging Directo	orporation?	(Not required for Put Corporations/Non-profit 100	olicly Traded organizations)		
1 Are any individu	Tim Alsop  equired for publicated the publicated th	ers, owners or principals amation District full-time	s. <b>Are you a public</b> s, involved in the bu e employee(s), or a	ging Directo	orporation? Yes	(Not required for Put Corporations/Non-profit 100	olicly Traded organizations)		
<ol> <li>Are any individu Center or Clark</li> <li>Yes</li> </ol>	required for publication members, partner County Water Rective No (If see	rs, owners or principals amation District full-time yes, please note that ovice contracts, or other	a. Are you a public s, involved in the bu e employee(s), or a County employee(s contracts, which a	ging Directo	orporation? Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	(Not required for Put Corporations/Non-profit 100 8 No ent of Aviation, Clark Co	ounty Detention on professional		
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1. Are any individu Center or Clark  — Yes  2. Do any individu sister, grandchi full-time employ  — Yes  I certify under penalty on land-use approval  Signature	required for publication and members, partner lid, grandparent, relatedly, or appointed.  No (If see lid, grandparent, related), or appointed.	ors, owners or principals amation District full-time yes, please note that evice contracts, or other s, owners or principals ted to a Clark County, Lelected official(s)?  yes, please complete the official of the information provides	a. Are you a public s, involved in the bu e employee(s), or al County employee(s contracts, which are thave a spouse, region Department of Aviat the Disclosure of Rel ded herein is current exchanges without	cly-traded consiness entity ppointed/ele stered dome ion, Clark Constitutionship for the complete, the complete	orporation? Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	(Not required for Put Corporations/Non-profit 100  No ent of Aviation, Clark Control perform any work n-law or brother/sister, heliark County Water Reclark County Water Reclark Print N/A on Page 2.)	ounty Detention on professional allf-brother/half-		

## **DISCLOSURE OF RELATIONSHIP**

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

Signature

Print Name Authorized Department Representative

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S					
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT					
N/A								
* County employee means Cl. Reclamation District.	ark County, Department of Av	riation, Clark County Detention	n Center or Clark County Water					
"Consanguinity" is a relations	hip by blood. "Affinity" is a re	elationship by marriage.						
"To the second degree of con	sanguinity" applies to the can	didate's first and second degr	ee of blood relatives as follows:					
Spouse – Registered	Domestic Partners – Childre	n – Parents – In-laws (first de	egree)					
<ul> <li>Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)</li> </ul>								
For County Use Only:								
If any Disclosure of Relationship is n	oted above, please complete the follower	lowing:						
☐ 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:	,							