## **DISCLOSURE OF OWNERSHIP/PRINCIPALS**

Rusiness Entit	v Tvo	e (Please select	one)								
Sole Proprietorship		ertnership	Limited Liability	2	Corporation	True	Non-Profit Organization		Other		
Business Desi	gnatic	n Group (Pleas	e select all that app	ly)_							
□мве		□wBE	□SBE		□ P8E		□ VET		DVET	☐ ESB	
Minority Business Enterprise  Women-Owned Business Enterprise		Small Busines Enterprise	s	Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business				
Manufacture	Number of Clark County Nevada Residents Employed: 183										
Number of	Ciar	k County Ne				.00					
Corporate/Bus	iness	Entity Name:	Eagle Quest								
(include d.b.a.,	, if app	olicable)									
Street Address	s:		3680 N.	K	incho	Dr	Website: Eagle	Que	STServic	es org	
City, State and Zip Code:		usvegas.NV,89130			30	Website: Eagle Quest Services . org POC Name: David Doyle Email: DDOYLE @ EAGLE QUEST. US. CO					
Telephone No:							Fax No: 702-3	96-	4193		
Nevada Local	Street	Address:					Website:				
(if different fro	m abo	(eve)									
City, State and	d Zip (	Code:					Local Fax No:				
Local Telephor	ne No	:				Local POC Name: Email:					
Entities include all business associations organize close corporations, foreign corporations, limited liab			limited liability compan	d liability companies, partnerships, limited partne			% Owned (Not required for Publicly Traded Corporations/Non-profit organization		d blicly Traded		
Ivan Ray Tippe			etts		CEO			49			
Lesile	Je		petts		reasur	er			51		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  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)?  1. Yes  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)?  1. Yes  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)?  1. Yes  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)?  1. Yes  1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Department of Aviation, Clar											
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), pappointed/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.)											
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, tand sales, leases or exchanges without the completed disclosure form.											
Signature Tippetts Print Name  5/12/2023											
Signature	7 6	age of	Res		Print Name	<u> </u>	ay Hpp		5		
Signature CEO	7 - 0	y s			Print Name	n K	12/2023	2	<i>3</i>		

## **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.	Clark County, Department of		ention Center or Clark County
	ship by blood. "Affinity" is a re		
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
<ul> <li>Spouse – Registere</li> </ul>	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – F	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
·	noted above, please complete the foll		
_	nployee(s) noted above involved in the		
Yes No Is the County en	nployee(s) noted above involved in any	y way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			