DISCLOSURE OF OWNERSHIP/PRINCIPALS

| Business Entity | Type | Please select | t one | 9) | | | | | | | | | |
|---|---|---------------|---------------------------|-----------------------------|--------------------------------------|-------------|--------------------------------------|----------|-------------------------------|-------------|---|----------------------------|--|
| Sole Proprietorship | | tnership | | Limited Liability mpany | √ | Corporation | ☐ Tru | ıst | Organization No | n-Profit | ☐ Other | | |
| Business Desig | nation | Group (Pleas | e se | lect all that appl | y) | | | | | | | | |
| □ МВЕ | □ MBE □ WBE | | | ☐ SBE | | □ PBE | | | □ VET | □DVET □ ESB | | □ ESB | |
| | | | | Small Busines Enterprise | ss Physically Cha Business Enterp | | | ed | Veteran Owne Business | | abled Veteran ned Business | Emerging Small Business | |
| | | | | | | | | | | | | | |
| Number of Clark County Nevada Residents Employed: 0 | | | | | | | | | | | | | |
| Corporate/Business Entity Name: | | | Adobe Inc. | | | | | | | | | | |
| (Include d.b.a., i | | | | | | | | | | | | | |
| Street Address: | - Maria | | 345 Park Avenue | | | | | We | Website: www.adobe.com | | | | |
| City, State and Zip Code: | | | San Jose, Ca 95110 | | | | POC Name: Troy Arajs arajs@adobe.com | | | | | | |
| Telephone No: | | | 408 | 3-536-6000 | | | | Fax | Fax No: | | | | |
| Nevada Local Street Address: | | | NA | | | | We | Website: | | | | | |
| | (If different from above) | | | | | | | | | | | | |
| City, State and Zip Code: | | | | | | | | | Local Fax No: Local POC Name: | | | | |
| Local Telephone No: | | | | | | | | Email: | | | | | |
| 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 | | | Title | | | | | | | | % Owned ot required for Pub orations/Non-profit | licly Traded | |
| Shantanu Narayen | | | CEO | | | | | n/a | | | | | |
| Dan Durn | | | CFO | | | | | | | | | | |
| Dana Rao | | | EVP, General Counse | | | | | el n/a | | | | | |
| This section 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 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.) | | | | | | | | | | | | | |
| 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, land sales, leases or exchanges without the completed disclosure form. | | | | | | | | | | | | | |
| Michele Monson | | | Michele Monson Print Name | | | | | | | | | | |
| Signature | | | | | | | | | | | | | |
| Credit Support Analyst | | | | 08/24/2023 | | | | | | | | | |
| 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 | | | |
| | | | |
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| "To the second degree of cor • Spouse – Registered | ship by blood. "Affinity" is a reasonable ship by blood. "Affinity" applies to the can do Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra | didate's first and second degr n – Parents – In-laws (first de | |
| For County Use Only: | | | |
| • | noted above, please complete the follopee(s) noted above involved in the | | ie nartiaular agonda itom? |
| | ployee(s) noted above involved in the | | |
| Notes/Comments: | ,(-, | ,, | |
| | | | |
| Signature | | | |
| Print Name Authorized Department Representa | tive | | |