## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	pe (Please select	one)							
Sole Proprietorship		Limited Liability Company	Corporation	☐ Trust	Organization Non-I	Profit  Other			
Business Designation Group (Please select all that apply)									
☐ MBE	☐ WBE	<b>☑</b> SBE	☐ PBE		□ VET	DVET	□ ESB		
Minority Business Enterprise  Women-Owned Business Enterprise		Small Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
Number of Cla	Number of Clark County Nevada Residents Employed:								
Corporate/Business	s Entity Name:	The Burdette Agency, Inc.							
(Include d.b.a., if ap		North Star Place Branding + Marketing							
Street Address:	1	1023 Kings Ave. Website: www.northstarideas.c				eas.com			
City, State and Zip	Code	Jacksonville, FL			POC Name: Tyler Holder				
City, State and Zip		32207			Email: tyler@northstarideas.com				
Telephone No:		(904)645-3160		F	Fax No: 904-645-6080				
Nevada Local Stree	20			4	Vebsite:				
(If different from ab					ocal Fax No:				
City, State and Zip	Code:				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).  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.  Full Name  Title % Owned									
William Ketch				CEO			(Not required for Publicly Traded imporations/Non-profit organizations)		
Patrick Gold		en Executive cre					%		
- Tastic	ix obtain			0,5-6					
		traded corporations.				-			
<ol> <li>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)?</li> </ol>									
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.)									
<ol> <li>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)?</li> </ol>									
☐ Yes	☑ No (if ye	s, please complete the [	Disclosure of Rela	ationship fo	rm on Page 2. If no, pleas	e 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.									
William Ketchum Print Name 8/26/25									
CEO				6/2:	5				
Title			Date	- V					

## 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
OWNERFRINGIPAL	AND JOB THEE	EIII EO LECOT FIORE	DEFRICION
Reclamation District. Consanguinity" is a relations	ship by blood. "Affinity" is a re	lationship 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	l Domestic Partners – Childre	n – Parents – In-laws (first de	egree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents -	· In-laws (second degree)
District of olicitors and			
for County Use Only:	oted above, please complete the follo	owing:	
	ployee(s) noted above involved in the		s particular agenda item?
	ployee(s) noted above involved in any		
lotes/Comments:			
ignature			