DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Typ	oe (Please select	one))			<u> </u>				
Sole Proprietorship	Partnership		Limited Liabi l ity mpany	Corporation	Trust	Non-Profit Organization		Other		
Business Designati	on Group (Pleas	e sel	ect all that apply)	<u> </u>			-		1	
□ МВЕ	□WBE		□SBE	PBE		□VET		DVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	I .	sabled Veteran ned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed: 747										
Corporate/Business Entity Name:		Switch, Ltd.								
(Include d.b.a., if applicable)										
Street Address:		7135 S. Decatur Blvd			V	Website: www.switch.com				
City, State and Zip Code:		Las Vegas, NV 89118			F	POC Name: Jason Racimo				
		725 240 0240				Linuii.				
Telephone No:		725-249-9249			F	Fax No:				
Nevada Local Street Address: (If different from above)					ľ	Website:				
City, State and Zip Code:		Local Fax			Local Fax No:	Fax No:				
Local Telephone No:						Local POC Name:				
	-				E	Email:				
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		Т		Title			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			
Switch, Inc							92.17			
Sunshine Sub Inc							7.83			
This section is not re	quired for publicl	y-trac	ded corporations. A	Are you a publicl	y-traded co	rporation? Ye	es 🔽	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 Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 										
Yes Vo (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.)										
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), or appointed/elected official(s)?										
Yes	✓ No (If y	yes, p	lease complete the I	Disclosure of Rela	tionship forn	n on Page 2. If no, pleas	se print N	I/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.										
Madonna Park				Madonna Park						
Signature		Print Name								
CFO				10/7/2025 10:04 PDT						
Title				Date						

1

REVISED 7/25/2014

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				
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County				
"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	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)				
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							