## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entir	у Ту	pe (Please select	опе		_								
Sole Proprietorship		Partnership		Limited Liability mpany	E	Corporation	Tr	ust	Non-Profit Organization		Other		
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply	)			_					
□MBE □WBE			SBE		□РВЕ			□VET		OVET	□ESB		
Minority Business Enterprise  Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		d d	Veteran Owned Business	Disabled Veteran Owned Business Emerging Sma Business		Emerging Small Business		
Number of Clark County No			evada Residents Employed: 26										
Corporato/Provinces F-4/t- Nov.			Taylor International Corp.										
Corporate/Business Entity Name:													
(Include d.b.a., if applicable)			8804 Spanish Ridge Ave. Ste. 100 Website: www.Taylor						bsite: www.Taylor-usa	.com			
Street Address:  City, State and Zip Code:			Las Vegas, NV 89148				POC Name: James Mason  Email: Jim@Taylor-usa.com						
Telephone No:			(702) 734-6871						Fax No:				
			(,										
Nevada Local Street Address:  (If different from above)				Website:									
City, State and Zip Code:								Local Fax No:					
Only, Otate and Elp Code.									Local POC Name:				
Local Telephone No:							Em	Email:					
Publicly-traded entitles 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 (Not required for Publicly Traded)													
William Mason			Secretary / Treasurer					į	Corporations/Non-profit organizations) 0				
James Mason			President					50					
									A) 17				
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  Yes  No  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)?  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.)  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	 I	-			Dis	closure of Relation	onship fo	rm or	n Page 2. If no, please p	rint 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.													
9977aso				James Mason									
Signature Print Name													
President				3/3/25									
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
N/A	N/A	N/A	N/A
			<u> </u>
* County employee means (Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County
"Consanguinity" is a relations	hip by blood. "Affinity" is a rel	ationship by marriage.	
"To the second degree of c	onsanguinity" applies to the	candidate's first and second	degree of blood relatives as

follows:

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- 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
Print Name
Authorized Department Representative