DISCLOSURE OF OWNERSHIP/PRINCIPALS

Duel-see Entity Ty	no /Diosea ealect	onel								
Business Entity Ty Sole Proprietorship	Partnership		Limited Liability	Corporation	Tru	Non-Profit Organization		Other		
Business Designation Group (Please select all that apply)										
Пмве	□wbe		SBE	□PBE		□ VET		DVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise			Physically Challenged Business Enterprise			Disabled Veteran Owned Business Emerging Small Business		
Number of Clark County Nevada Residents Employed: 183										
Corporate/Business Entity Name:		Eagle Quest								
(Include d.b.a., if a		9.								
	phicabic	3	680 N. K	Rancho	Dr	Website: Eagle	Que	stServic	es ong	
Street Address: City, State and Zip Code:		usvegas.NV,89130			POC Name: David Doyle Email: DDOYLE@EAGLEQUEST. US. CON					
Telephone No:						Fax No: 702-3	396-	4193		
Nevada Local Stree	et Address:					Website:				
(If different from at	(If different from above)					Land Fow No.				
City, State and Zip	Code:				Local Fax No: Local POC Name:					
Local Telephone No:					Email:					
Publicly-traded entities and non-profit organizations shall list an oblipitations, extends to the applicant and the landowner(s). 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.										
Tvan Ray Tippe Lestie Jean Tip		++ c		CEO	Title		(N Cors		% Owned (Not required for Publicly Traded rporations/Non-profit organizations)	
IVUT) PACY	Tippe	111	11 -		7010			51		
resile h	an 11p	he	etts <u>Treasurer</u>							
This section is not i	equired for publicl	ly-trac	ded corporations.	Are you a publicly	y-traded	corporation?	res	No Viation Clark Coun	tv Detention	
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 (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), on appointed/elected official(s)? 										
Yes (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.										
Signature Tyan Ray Tippetts Print Name 5/12/2023										
CEO				Date	E	5/12/2023	7			
LICIO					1					

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							
 * County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "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 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							