## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

Business Enti	ty Type (Pl	ease s	elect one)				
Sole Proprietorship	Partnership		Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other
Business Des	ignation Gr	oup (	Please select	all that apply)			
× MBE	WBE		× SBE	PBE	VET	DVET	ESB
Minority Business Enterprise	Women-Owned Business Enter		Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cl	ark County	Nevad	la Residents E	Employed: 5			•
Business Info				. ,			
Corporate/Business		Dace	IT LLC				
(Include d.b.a., if a	•	Sense	Traffic Pulse				
Street Address:	,	3960	Howard Hughes	s Parkway 5th Floor	Website ht	tps://dace-it.us	
City, State and Zip	Code:		egas, NV 89169			Louis Dace	
Telephone No:		702 5°	18-6335			Ldace@dace-it.us	
					Fax No:		
Nevada Local Stree	t Address:				Website:		
(If different from a	bove)				Local POC N	lame:	
City, State and Zip	Code:				Local POC E		
Local Telephone No	):				Local Fax N	0:	
(5%) ownership or Publicly-traded e individuals with ow landowner(s). Entities include all	entities and no nership or finan business associa	t in the b  n-profit cial inter ations org	ousiness entity app organizations sest. The disclosure	ofit organizations, must earing before the Board.  hall list all Corporate erequirement, as applied overned by Title 7 of the liability companies, partners.	Officers and Dir	ectors in lieu of disclecations, extends to the	osing the names of applicant and the
Louis Dace	Full Name	reigii coi			ersnips, iimitea pai	(Not r	% Owned squired for Publicly Traded ons/Non-profit organizations)
1. Are any indivi	dual members, pion Center or Cla	oartners, ark Coun yes, ple	owners or princip ty Water Reclamat ease note that Co	tions. Are you a public pals, involved in the busi ion District full-time emp unty employee(s), or ap t, or other contracts, whice	ness entity, a Clar loyee(s), or appoint oppointed/elected of	rk County, Department ated/elected official(s)? official(s) may not per	
half-brother/ha	alf-sister, grando Reclamation Dis	hild, gra trict full-t	ndparent, related time employee(s),	s have a spouse, register to a Clark County, Depa or appointed/elected offi Disclosure of Relationship	rtment of Aviation cial(s)?	, Clark County Detenti	on Center or Clark
I certify under pena	alty of perjury, the	nat all of	the information p	rovided herein is current	, complete, and ac	ccurate. I also underst	and that the Board
Vewnled by Bakkallaction	on land-use app	iovais, c	omraci approvais,	land sales, leases or excl Louis Dace	nanges without the	e completed disclosure	torm.
<sup>04</sup> Śighature				Print Name			
CEO				03/28/2023			
Title				Date			

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/ PRINCIPAL	NAME OF COUNTY* EMPLOYEE/ OFFI CI AL AND JOB TI TLE	RELATI ONSHI P TO COUNTY* EMPLOYEE/ OFFI CI AL	COUNTY* EMPLOYEE'S/ OFFI CI AL'S DEPARTMENT
N/A			

- "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)

	osure 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 agenitem?
Yes	No. Is the County employee(s) noted shows in all the
	To the county employee(s) noted above involved in anyway with the business in any
	state seamy employee(s) noted above involved in anyway with the business in performance of the contract?
Notes/Comm	
Notes/Comn	

<sup>\*</sup> County employee means an employee of Clark County, Clark County Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.