DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity To	We (Diego polog	t one)											
Business Entity Ty	pe (Please selec		al Liabilib.				Non-Profit						
Sole Proprietorship	Partnership	✓ Limite Company			Corporation	Trus	t Organization		Other				
Business Designat	ion Group (Pleas	e select all	that apply	0									
□ мв€	□WBE	□s	BE		PBE		VET		DVET	□ESB			
Minority Business Enterprise	Women-Owned Business Enterprise		II Business rprise		Physically Ch Business Ente		Veteran Owned Business		abled Veteran med Business	Emerging Small Business			
Number of Cla	Number of Clark County Nevada Residents Employed:												
Corporate/Busines	Corporate/Business Entity Name:		SHF International, LLC										
(Include d.b.a., if a													
Street Address:		6000 S. E	0 S. Eastern Ave, Suite 14-H				Website: www.shfcon	tracting.	com				
		Las Vega	s, NV 891	19			POC Name: Sam Fink	ler					
City, State and Zip	Code:						Email: Sam@shi	fcontract	ting.com				
Telephone No:		702-388-0961					Fax No: N/A						
Nevada Local Stre	et Address	1					Website:						
(If different from al									e e				
City, State and Zig	City, State and Zip Code:			Local Fax No:									
							Local POC Name:						
Local Telephone N	Local Telephone No:						Email:						
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 Title % Owned (Not required for Publicly Traded													
Sam Finkler			N	Member				Corporations/Non-profit organizations) 100%					
	1							-					
This section is not	required for public	ly-traded co	rnoratione	Are	vou a nublich	v-traded c	orporation?	es 🔽] No				
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?													
Yes	✓ No (If	yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service ntracts, or other contracts, which are not subject to competitive bid.)											
sister, grandchi	 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 Vo (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.									
I certify under penalty land-use approvals, o	of perjury, that all contract approvals,	of the inform land sales, le	ation provide ases or exc	ed her hange	rein is current, es without the c	complete, completed	and accurate. I also unde disclosure form.	erstand th	nat the Board will n	ot take action on			
I certify under penalty land-use approvals, o	of perjury, that all contract approvals,	of the inform land sales, le	ation provide ases or exc	hange	rein is current, es without the c	complete, completed	and accurate. I also unde disclosure form.	erstand th	at the Board will n	ot take action on			
I certify under penalty land-use approvals, of Signature	contract approvals,	of the inform land sales, le	ation provide eases or exc	hange:	es without the c	complete,	and accurate. I also unde disclosure form.	erstand th	nat the Board will n	ot take action on			
land-use approvals, o	contract approvals,	of the inform land sales, le	ation provide eases or exc	hange:	s without the o	completed	and accurate. I also unde disclosure form.	erstand th	nat the Board will n	ot take action on			

DISCLOSURE OF RELATIONSHIP

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

	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*					
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT					
MA								
,,,								
 * 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:	material charge places complete the following	nuing:						
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?								
	ployee(s) noted above involved in any							
Notes/Comments:								
Signature								
Print Name Authorized Department Representa	itive							