DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Typ	e (Please select	one)							
Sole Proprietorship	Partnership	Limited Liabi Company	lity	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e select all that a	pply)	,		-	_		
✓MBE	□wbe	□SBE		☐ PBE		☐ VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busin Enterprise	ness	Physically Ch Business Ent		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County N	evada Reside	ents E	mployed:			18		
Corporate/Business	Entity Name:	SoftHQ, Inc.							
		,							
(Include d.b.a., if ap	plicable	6494 Weather	eathers Place Suite 200			Wasaira Wawy Softha com			
Street Address:						Website: www.softhq.com			
City, State and Zip Code:		San Diego CA 92121				POC Name: Kranti Ponnam rfp@softhqinc.com Email:			
Telephone No:		(858) 658-920	(858) 658-9200			Fax No: (858) 225-68	34		
			Hughes	ughes Parkway Suite 500S		Website: N/A			
City, State and Zip	If different from above) City State and Zin Code: Las Vegas, NV		V 8916	89169-6014		Local Fax No: N/A			
Oity, Otate and Eip	oudc.	N1/A				Local POC Name: Kra	nti Pon	nam	
Local Telephone No) :	N/A	N/A			Email: rfp@softhqinc.com			
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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									
"To the second degree of follows: • Spouse Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the domestic Partners – Childre	candidate's first and second n – Parents – In-laws (first de							
For County Use Only:		e '							
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?									
Signature									
Print Name Authorized Department Represent	ative								