DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entity Type (Please select one)										
Sole Proprietorship	Partnership	Limited Liab Company	oility	Corporation	Trust	Non-Profit Organization		Other		
Business Designati	on Group (Pleas	select all that	apply)			-			r	
МВЕ	□WBE	SBE		PBE		□ VET		VET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		nallenged erprise	Veteran Owned Business	Disabled Veteran E Owned Business		Emerging Small Business	
Number of Cla	Number of Clark County Nevada Residents Employed: 1060									
Corporate/Business Entity Name:		Las Vegas Paving Corporation								
(Include d.b.a., if ap	pficable)									
Street Address:		4420 South De	catur B	Blvd.		Website: www.lasvega		com		
		Las Vegas, N\	/, 8910	3	1	POC Name: Ryan Men				
City, State and Zip	Code:					- () (Q()) ()		lvpaving.com		
Telephone No:		702-251-5800				ax No: 702-251-4891				
Nevada Local Stree	ot Address:					Website:				
(If different from ab					İ					
City, State and Zip						Local Fax No:				
City, State and Elp	Coue.			2		Local POC Name:				
Local Telephone N	o:					Email:				
Entities include all business associations organized under or close corporations, foreign corporations, limited liability compar			npanies,	, partnerships, lim	ited partners	snips, and professional c	·	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Mendenhall Family	Trust	Owner					100%			
Paula C. Mendenha	-	Trustee								
T data of mortal			_							
Please see attached she	eet for Corporate Of	ficers & Directors								
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?										
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	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), or appointed/elected official(s)? 										
Yes No (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.										
Comy Naurome										
Signature Corey Newcome Print Name										
Project Manager				_	er 6, 2022					
Title				Date	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			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	nship by blood. "Affinity" is a re	elationship by marriage. candidate's first and second en – Parents – In-laws (first de	
Yes No Is the County en	s noted above, please complete the fol mployee(s) noted above involved in the mployee(s) noted above involved in an	e contracting/selection process for thi	s particular agenda item? nce of the contract?
Signature			

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type	e (Please select	one)			-					
Sole Proprietorship	Partnership	Limi Compa	ted Liability ny	Corpor	ation	✓ Trust	Non-Profit Organization		Other	
Business Designation	n Group (Pleas	e select i	all that apply)				_	-	1
МВE	□WBE		SBE	☐ PBI	E		VET	DVET		□ESB
Minority Business Enterprise	Minority Business Women-Owned		nall Business iterprise		Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Small Business
Number of Clar	k County Ne	evada	Residents	Employ	ed:			1060		
realiser of old										
Corporate/Business Entity Name: Men			andenhall Family Trust							
(Include d.b.a., if app	olicable)									
Street Address:		4420 S	. Decatur Blv	d			Yebsite: www.lasvega			
City, State and Zip C	ode:	Las Ve	gas, NV 8910	03		1	OC Name: Ryan Mer mail: Ryan Mer		ll l@lvpaving.com	
		702-25	1-5800				ax No: 70-251-4891			
Telephone No: Nevada Local Street	Address:	. 52 25					Vebsite:			
(If different from abo										
City, State and Zip (ocal Fax No:			
City, State and Zip	0008.					L	ocal POC Name:			
Local Telephone No:					10.	Email:				
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial in	exception of public business entity ar ies and non-pro- interest. The discla	fit organi osure requ	izations shall uirement, as an	list all Cor oplied to land	rporate i-use ap	t list the name Officers applications, e	nes of individuals holdin nd Directors in lieu o extends to the applicant	of disclose and the l	sing the names or andowner(s).	f individuals with
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial in	exception of public business entity ar ies and non-pro- interest. The discla	fit organi osure requ	izations shall uirement, as an	list all Cor oplied to land	rporate i-use ap	t list the name Officers applications, e	nes of individuals holdin	of disclose and the louding but proporation	sing the names or andowner(s).	f individuals with rate corporations, ed
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DISCLOSURE OF RELATIONSHIP

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

Signature

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							
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as				
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:							

LAS VEGAS PAVING CORPORATION

4420 S. Decatur Blvd., Las Vegas, NV 89103

Corporate Officers & Directors

As of 03/31/2022

Jay N. Smith, President/Director

Marc C. Mendenhall, Treasurer/Director

Lori Mendenhall, Secretary/Director

Ryan Mendenhall, Director

Josh Mendenhall, Director

William D. Wellman, Director

Corey Newcome, Director

Clark Webster, Director

James M. Barker, Registered Agent/General Counsel/Director